

**GUY-PERKINS
SCHOOL DISTRICT**

492 Highway 25 North
Guy, Arkansas 72061

Phone: (501) 679-7224
Fax: (501) 679-3508

**LICENSED EMPLOYMENT
APPLICATION**

Name: _____ Date: _____

Last First Middle

Position Desired: _____ Phone Number: _____

For Office Use Only:

Background Check: Date Submitted: _____ Date Cleared: _____

INSTRUCTIONAL AND ADMINISTRATIVE APPLICATION

GUY-PERKINS PUBLIC SCHOOLS
492 HIGHWAY 25 NORTH
GUY, ARKANSAS 72061

PHONE: (501) 679-7224
FAX: (501) 679-3508

Name: _____
Last First Middle

Date: _____ Social Security Number: _____

Address: _____
Street City State Zip

Phone (Home): _____

Position Desired: _____
Elementary – Secondary – Administration

Years of Public School Experience: _____

Have you ever been convicted of a felony? Yes I Have _____ No I Have Not _____
If yes, please explain _____

This application is not complete without a copy of a current teaching certificate attached.

References: Give at least four references, including superintendents and principals under whom you have taught, and have first-hand knowledge of your instructional ability.

Name & Position	Address	City, State, Zip	Phone Number

In keeping with guidelines of the Title VI, Section 601, Civil Rights Act of 1964, Title IX, Section 901, Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, the Guy-Perkins School District assures that no person shall on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program in the Guy-Perkins School District.

Educational and Professional Training

	Name of School or Institution	City & State	Attended From: Mo. & Yr.	To: Mo. & Yr.	Graduation Date: Degree:	
High School:						
College:						
Graduate Work:						

Teaching or Administrative Training

List all experience in chronological order and account for each school year since you began teaching.
(add additional experience on an attached sheet)

Inclusive Dates		Number Months of Experience	Name of School	Address	Subjects or Grade Taught
From:	To:				

AGREEMENT

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal without notice at any time during my employment. I understand that some jobs require special background checks prior to my employment and that failure to meet these requirements may lead to my rejection as an applicant for that job. I understand by state law the board of education must require all employees to submit a tuberculin test. I also understand that these background checks and tuberculin test will be at my expense.

I agree, if employed, to follow all rules and regulations of that district.

I agree to promptly notify the district of any change of address during my employment.

Date: _____ Signature: _____

"I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Guy-Perkins School District." This consent will be valid for no more than one year.

Date: _____ Signature: _____