

250 South Hwy 65 - Saint Joe, AR 72675 - Phone 870.439.2218 - Fax 870.439.2604

Bruno-Pyatt: Ph. 870-427-5227 Fax 870-427-5255	St. Joe: Ph. 870-439-2213 Fax 870-439-2209	Western Grove: Ph. 870-429-5215 Fax 870-429-5276
Please indicate the campu	s (or campuses) above that you choose	e to apply for a position.
Date of Application:(An application remains active for current or upofollowing year.)	oming school year ONLY. Renewal request must i	be in writing before February 1 st of each
Name:Legal name as it appears on Soc	Social Security Card	ity Number:
Address:		
	Cell Phone:	
	ark Mountain School District? he position: Yes No	
	ested to resign from a place of employm	ent?
	lony? Yes ground check by law enforcement ager ountain School District?	

AN EQUAL OPPORTUNITY EMPLOYER:

It is the policy of Ozark Mountain School District to recruit, hire, and promote persons in all job classifications without regard to race, religion, gender, age, national origin, sexual orientation, or handicap. All active, qualified applicants will receive continuing consideration for appropriate vacancies as they occur.

Because of the volume of applications that we receive, it is impossible to keep each applicant informed of his/her status. Please let us know when you are no longer available.

INSTRUCTIONS:

Do not omit any applicable item. Failure to complete the form in its entirety, including Philosophy paragraph, could result in rejection of your application.

A completed application MUST include:

- Copy of current Arkansas Teachers Licensure
- Current resume

EDUCATION:			
Do you hold, or have	you ever held, an Arkansas Teaching License	?Y	/esNo
If yes, list all subject a	reas of certification and grade level of each:		
Subject Area			Grade Level
What is your highest l	evel of Education?		
If NO, please describe	e your status:		
List any specialized e	ducation or training that might further qualify yo	ou for this position):
EMPLOYMENT HIST	ORY: (Please begin with most recent employr	ment)	
Dates: (MM/YYYY) To (MM/YYYY)	Employer	Supervisor	Reason for Leaving
			_
			

Please provide a minimum of three (3) references. They should be able to verify your work skills, work history, and/or personal character traits. Name Phone Relationship PHILOSPHY: Please write a brief paragraph that includes your reasons for choosing teaching as a profession and your basic philosophy of education in relation to your particular field. Explain why you want to teach in the Ozark Mountain School District. **AGREEMENT:** I hereby certify that the above information, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Ozark Mountain School District, which reserves the right to accept or reject. If I am employed by the Ozark Mountain School District, I further agree to observe all currently enforced rules, regulations, and policies of the District and as they may change during my employment. I authorize the Ozark Mountain School District to conduct work history, personal reference, or police inquiries to determine my acceptability for employment. Signature of Applicant Date **CONSENT:** I hereby authorize the Ozark Mountain School District to conduct work history, personal references, or police inquiries to determine my acceptability for employment.

Date

REFERENCES:

Signature of Applicant