

SALEM PUBLIC SCHOOL DISTRICT

313 Hwy 62 E. – Suite 1

Salem, AR 72576

Office: 870-895-2516 – Fax: 870-895-4062

**PROFESSIONAL EMPLOYMENT APPLICATION
(Certified Personnel Only)**

Date of Application _____

Name _____

Position(s) Interested In:

List All Areas Of Certification:

Please include the following items with your application for employment. Check to indicate item is included with your application for employment:

Arkansas Teaching Certificate (Copy only – Do not submit an original)

Praxis or NTE scores (Copy)

Official Transcript(s) (Copy)

Highly Qualified Teacher Designation Form - Please fill out either single subject form or multi-subject form. Applicants for regular classroom positions that are certified in more than one subject area must fill out a single subject form for each area. Special education applicants must use the multi-subject form.

Your application will be kept on file for two years. A letter of renewal is required by the two-year anniversary date of your application if you wish for your application to remain in the active file.

AN EQUAL OPPORTUNITY EMPLOYER

The Salem Public School District is an equal opportunity educational and employment institution. The law protects the right of an equal employment opportunity regardless of race, religious creed, ancestry, national origin, physical handicap, sex or age.

PERSONAL DATA

Legal Name (As it appears on Social Security Records)

(Last) (First) (Middles) Social Security Number

Present Address (No. and Street) (City) (State) (Zip)

Res. Phone: Additional Phone Numbers:

Have you previously taught in the Salem School District? Yes No If "Yes", name school and years:

Are you a citizen of the United States? Yes No Have you ever been convicted of a felony? Yes No

Are you employed at present? Yes No If "Yes," in what capacity? By whom?

Why do you wish to leave your present position?

Give date you expect to be available for employment:

Have you been released or requested to resign, from a place of employment? Yes No If "Yes," please explain

Veteran Status (Mark all that apply):

Not Applicable Veteran Disabled Veteran Surviving Spouse of Veteran who is Unmarried

CERTIFICATION

Do you hold an Arkansas teaching certification? Years valid: to

What type of certification? Regular Initial Provisional

Praxis Scores: Date Praxis Exam Score

If you do not currently hold an Arkansas teaching certificate, describe your status.

POSITION(S) DESIRED

Please check position desired: Full Time Position Part Time Position

Check appropriate space(s) below:

Elementary Counselor – Elementary Media Specialist	Senior High Counselor – Secondary Speech Therapist	Special Education Administrator Gifted/Talented	Other _____ _____
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Number in order of preference those elementary grade levels you wish to teach:

K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

List the secondary subject areas in which you are certified to teach: _____

List any extra-curricular activities or clubs which you would be willing to sponsor or assist: _____

EDUCATIONAL AND PROFESSIONAL BACKGROUND

Education

	Institutions Attended	Dates From / To	Major Subjects	Minor Subjects	Date of Graduation	Degree
High School			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX		XXXXXXXXXX XXXXXXXXXX
			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX		XXXXXXXXXX XXXXXXXXXX
College Or University						

EXPERIENCE

Student Teaching Experience

School	Address	Subject or Grade Level	Dates From / To

Teaching

(Give accurate data concerning full time teaching experience in public schools. Credit is not allowed for non-public school experience.)

Name of School Institution	City, State	Grade or Subjects	Dates From / To	Total Years	Reason for Leaving

Non-Teaching Experience

Firm or Agency	Dates From / To	Address	Supervisor

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SPECIAL QUALIFICATIONS, TRAINING, PUBLICATIONS, HONOR, OUTSIDE ACTIVITIES

This space is provided so that you may list training and experiences, not covered elsewhere in this application that you believe will add to your qualification for the position(s) for which you are applying. You may wish to use this space to describe honors, awards, special publications, significant research, student activities, and memberships in business, professional or civic organizations. You may also list hobbies in this space.

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REFERENCES

Give at least five references; include principals and superintendents for whom you have most recently taught and one additional person who can attest to your character and qualifications.

Name	Address	Phone	Official Position

Name	Address	Phone	Official Position

ORIGINAL STATEMENT

Please write a brief statement which would include your reasons for choosing teaching as a profession and your basic philosophy of education in relation to your particular field.

*******READ CAREFULLY BEFORE SIGNING*******

Employment Application, Teaching Certificate, praxis scores, official transcripts, and Highly Qualified Teacher Designation Form(s) should be submitted to: Superintendent's Office, 313 Hwy 62 E. Suite 1, Salem, AR 72576

Application forms are sent to all who request them regardless of existing vacancies. The issuance of such forms does not signify that the applicant is under consideration for appointment.

An application remains active for a period of two years and must be renewed following this period.

The facts set forth in my application for employment shall be considered true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signed _____ Date _____
Applicant