



# *Nemo Vista School District*

## *Certified Teacher Application*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Desired \_\_\_\_\_ SSN \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you currently hold an Arkansas Teaching License? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Subject areas qualified to teach as stated on teaching license

\_\_\_\_\_

### **Educational and Professional Training**

	<b>Name of School or Institution</b>	<b>City &amp; State</b>	<b>Attended From: Mo. &amp; Yr.</b>	<b>To: Mo. &amp; Yr.</b>	<b>Graduation Date: Degree:</b>	
<b>High School:</b>						
<b>College:</b>						
<b>Graduate School:</b>						

### Teaching or Administrative Experience

Employment Dates		Name of School	Location	Position Held
From:	To:			

### References

Name	School District	Position	Phone Number

### 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, \_\_\_\_\_, hereby give consent to any and all prior employers of mine and references to provide information with regard to my employment with prior employers to the Nemo Vista School District.” This consent will be valid for no more than one year.

Signature \_\_\_\_\_ Date \_\_\_\_\_