



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 campus (or campuses) above that you choose to apply for a position.

Date of Application: _____

(An application remains active for current or upcoming school year ONLY. Renewal request must be in writing before February 1st of each following year.)

Name: _____
Legal name as it appears on Social Security Card

Social Security Number: _____

Address: _____

Phone: _____

Cell Phone: _____

Have you previously taught for the Ozark Mountain School System? _____ Yes _____ No

If "yes" list the years you worked and the position: _____

Are you employed at the present time? _____ Yes _____ No

Have you ever been released or requested to resign from a place of employment? _____

Have you ever been convicted of a Felony? _____ Yes _____ No
(All applicants will be subject to a background check by law enforcement agencies.)

Why do you wish to work for Ozark Mountain 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*
- *Copy of ALL college transcripts (Undergraduate and graduate, if applicable)*
- *Copy of Praxis scores*
- *Placement credentials from your University, OR, letters of recommendation*
- *Current resume*
- *Three completed Application Reference Forms*

EDUCATION:

Do you hold, or have you ever held, an Arkansas Teaching License? _____ Yes _____ No

If yes, list all subject areas of certification and grade level of each:

<i>Subject Area</i>	<i>Grade Level</i>
_____	_____
_____	_____
_____	_____
_____	_____

What is your highest level of Education? _____

If NO, please describe your status:

List any specialized education or training that might further qualify you for this position: _____

EMPLOYMENT HISTORY: *(Please begin with most recent employment)*

<i>Dates: (MM/YYYY) To (MM/YYYY)</i>	<i>Employer</i>	<i>Supervisor</i>	<i>Reason for Leaving</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES:

Please provide a minimum of three (3) references. They should be able to verify your work skills, work history, and/or personal character traits.

<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHILOSOPHY:

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. This must be handwritten.

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.

Signature of Applicant

Date