

RIVERCREST SCHOOL DISTRICT

1700 West State Highway 14
Wilson, Arkansas 72395

Phone: (870) 655-8633

FAX: (870) 655-8841

LICENSED APPLICATION

Please read the instruction sheet carefully before filling out the application form.
Complete the application accurately and completely.

Full Name _____

Present Address _____ City _____ State _____ ZIP _____

Permanent Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Email Address _____

Social Security Number _____ Date of Application _____

Position Desired – Please indicate the grade level or subject matter you prefer. _____

DISTRICT’S STATEMENT

RIVERCREST SCHOOL DISTRICT is an equal-opportunity employer and selects personnel solely on the basis of merit and suitability to the position. Selection is determined by the presentation of evidence of experience and training, the submission of written professional references, and personal interviews. RIVERCREST SCHOOL DISTRICT employs personnel without regard to race, national origin, sex, age, disability, religion, or creed.

It is important to note that all employees are subject to reassignment at any time according to the needs of the RIVERCREST SCHOOL DISTRICT.

TEACHER CERTIFICATE INFORMATION

Certificate issued in what state _____ Certificate Number _____

Date Issued _____ Date Expires _____

Teaching fields and endorsements listed on certificate _____

If you do not have a teaching certificate, when do you expect to receive it? _____

One of the contingencies for employment in this school district is holding a valid Arkansas Teaching Certificate. Out-of-state certificates must be valid for conversion to an Arkansas certificate. It is your responsibility to inform the Superintendent’s Office of a certification deficiency and of the arrangement to remove the deficiency. Failure to remove a deficiency from your certificate could result in termination of your employment with this school district.

EDUCATIONAL AND PROFESSIONAL TRAINING

Name and Location of Colleges Attended	Dates of Attendance	Degree Conferred	Date

STUDENT TEACHING

Subject or Grade Level	Names and Addresses of Supervising Principals and Cooperating Teachers	Name of College Professor Who Supervised Your Student Teaching

TEACHING/ADMINISTRATIVE EXPERIENCE

Do not include student teaching or substitute teaching.

Name and Location of School District	Grades or Subjects	Years Taught (i.e. 2000-2004)	Reason for Leaving

Total Number of Years Taught _____

EMPLOYMENT OTHER THAN TEACHING

Name and Address of Employer	Location (City/State)	Type of Work	Employment Dates (Month/Year to Month/Year)

GENERAL INFORMATION

1. When will you become available? Month _____ Year _____
 Are you currently under contract? _____ Expiration date of contract _____

2. Are you a citizen of the United States? _____
 If answer is no, are you eligible for employment? _____

3. Why would you like to work in Rivercrest School District?

4. Do you have plans for additional training in the field of education? _____

5. Have you ever been asked to resign or failed to be reemployed to a position in a school? _____
 If yes, please list where and when. _____

6. Have you ever been convicted of a felony or crime involving moral turpitude? _____
 If yes, please explain. _____

7. Please indicate any of these extra-curricular activities or clubs which you would be willing to sponsor or assist:

Sponsor	Assist	Activity/Club	Sponsor	Assist	Activity/Club
		Drama			FBLA
		Honor Society			Student Council
		FTA			Athletics
		Yearbook			Odyssey of the Mind
		Cheerleading			Foreign Language
		Newspaper			Other:

REFERENCES

Please have your placement office file sent if available.

List names of professional references (superintendent, principal, supervisor, cooperating teacher, college professor, college supervisor of student teaching) who would have firsthand knowledge of your character, personality, and teaching ability. List at least one administrator for each of your teaching positions.

Full Name of Reference	Title	Complete Mailing Address (Home & School)	Phone (Home & School)

APPLICANT AFFIRMATION

I hereby authorize RIVERCREST SCHOOL DISTRICT to investigate all statements contained in this application. I affirm that all the information contained in this application is true and complete and that any misrepresentation, falsification, or omission herein shall be sufficient reason for dismissal from, or refusal of employment. I understand that my previous employers may be asked for information relative to my employment record with them. I hereby authorize South Mississippi County to request my employment records, and I hereby authorize my previous employers to release the same. Furthermore, if elected, I agree to acquaint myself with the policies of the RIVERCREST SCHOOL DISTRICT'S Board of Education and comply with these policies.

Signature

Date

RIVERCREST SCHOOL DISTRICT

22 North Jefferson
Wilson, Arkansas 72395

Phone: (870) 655-8633

FAX: (870) 655-8841

**EQUAL EMPLOYMENT
OPPORTUNITY QUESTIONNAIRE**

It is the policy of RIVERCREST SCHOOL DISTRICT to hire the best qualified applicants and to fulfill its responsibilities as an equal opportunity employer. To assist in fulfilling these objectives, we request that you furnish the information specified below. This sheet will be removed from the application upon receipt and will be used for statistical purpose only.

Name _____

Race:

- D White
- D Black
- D Asian or Pacific Islander
- D American Indian or Alaskan Native
- D Hispanic

Gender:

- D Male
- D Female

Date of Application _____

Position Applied For _____

Areas of Certification _____

(Information must be same as on Certificate)

How did you learn of an opening at RIVERCREST SCHOOL DISTRICT or how did you learn of RIVERCREST SCHOOL DISTRICT?
