

LAWRENCE COUNTY SCHOOL DISTRICT

**Walnut Ridge School
508 East Free Street
Walnut Ridge, Arkansas 72476**

Phone: 870-886-6634

Please enclose the following items:

- *Teaching Certificate**
- *Transcript**
- *Resume**

| | | | |
|--|-------|--------------|-------|
| INSTRUCTIONAL AND ADMINISTRATIVE APPLICATION | | | |
| NAME | _____ | DATE | _____ |
| LAST | _____ | FIRST | _____ |
| MIDDLE | _____ | | |
| POSITION DESIRED | | | |
| (INDICATE LEVELS IN ELEMENTARY SCHOOL, OR SUBJECTS IN MIDDLE, OR SENIOR HIGH SCHOOL IN ORDER OF PREFERENCE) | | | |

The Lawrence County School District shall adhere to a policy of equal employment opportunities for all employees. Individuals shall be employed without regard to race, creed, color, age, sex, religion, marital status, or national origin. Discrimination against any person shall be prohibited in recruitment, examination, appointment, training, promotion, and any other aspect of personnel administration.

TEACHING EXPERIENCE

List all experience in chronological order and account for each school year since you began teaching.

| INCLUSIVE DATES | | NUMBER MONTHS EXPERIENCE | NAME OF SCHOOL | ADDRESS | SUBJECTS OR GRADE TAUGHT | FULL OR PART TIME | REASON FOR LEAVING |
|-----------------|----|--------------------------|----------------|---------|--------------------------|-------------------|--------------------|
| FROM | TO | | | | | | |
| | | | | | | | |

List Annual Salary of Last Teaching Position Held \$ _____

Activity or Activities You Would be Willing to Sponsor _____

NON-TEACHING EXPERIENCE (INCLUDE MILITARY SERVICE RECORD)

| INCLUSIVE DATES | | NAME OF EMPLOYER | ADDRESS | RANK OR POSITION HELD | REASON FOR LEAVING OR TYPE OF DISCHARGE |
|-----------------|----|------------------|---------|-----------------------|---|
| FROM | TO | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

AGREEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION! UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL WITHOUT NOTICE AT ANY TIME DURING MY EMPLOYMENT.

I AGREE, IF EMPLOYED, TO FOLLOW ALL POLICIES, RULES AND REGULATIONS OF THE DISTRICT.

I AGREE, IF EMPLOYED, TO ACCEPT AND REMAIN THE FULL SCHOOL YEAR, SICKNESS ALONE PREVENTING, UNLESS HONORABLY EXCUSED BY THE SUPERINTENDENT AND THE BOARD OF EDUCATION AFTER I HAVE GIVEN NOT LESS THAN THIRTY DAYS WRITTEN REQUEST THROUGH THE SUPERINTENDENTS OFFICE.

Date _____

Signature