



Received By: _____
Date: _____

Concord Public School District
 10920 Heber Springs Road North
 Concord, Arkansas 72523
 Phone: 870-668-3844 Fax: 870-668-3380

APPLICATION FOR EMPLOYMENT ~CERTIFIED STAFF~

Do not omit any applicable item. Failure to complete the entire form, including the writing sample, may result in the rejection of your candidacy.

Last Name: _____ First Name: _____ Middle Name: _____

Present Address: _____

Phone: _____

Permanent Address: _____

Phone: _____

GENERAL INFORMATION

To ensure consideration for an employment interview, applicant must provide the following documents to complete the application file:

- | | |
|---|--|
| 1. Resume | 4. Photocopy of Praxis/ NTE Score (if applicable) |
| 2. College Transcripts (photocopies are accepted) | 5. Photocopy of teaching license (Arkansas and any other) |
| 3. College Placement file or two professional reference | 6. Signed Consent Forms- included in this application file |

Position for which you are applying: Teacher Administrator Specialist Other

Date available for employment: _____ Are you currently under contract? Yes No

If Yes, please explain _____

Have you filed an application with the Concord School District within the past year? Yes No

If Yes, please explain _____

POSITION DESIRED

Check appropriate:

- | | | | |
|---------------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Counselor- Elementary | <input type="checkbox"/> Music | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor-Secondary | <input type="checkbox"/> G/T | <input type="checkbox"/> Media Specialist |
| <input type="checkbox"/> Jr./Sr. High | <input type="checkbox"/> Special Education | <input type="checkbox"/> PE/Coach | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> _____ | (Other Specific) | | |

Number in order of preference these elementary grades you wish to teach:

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

List secondary subjects you are licensed to teach:

_____ List other subjects you could teach and the number of semester hours earned in these areas:

Check the extracurricular activities or clubs you would be willing to sponsor or assist:

Drama Cheerleaders Student Council Yearbook Other: _____

LICENSURE

State Issuing License	Expiration Date	Area of Licensure
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you do not currently hold an Arkansas teaching license, describe your status: _____

EDUCATION AND PROFESSIONAL TRAINING

Institution- Undergraduate	City/State	Degree Awarded	Major/Minor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Institution- Graduate	City/State	Degree Awarded	Major/Minor
_____	_____	_____	_____
_____	_____	_____	_____

Special Training, seminars, etc. _____

Student Teaching School:	City/State	Cooperating Teacher	Grade Level/Subject
_____	_____	_____	_____

ADDITIONAL INFORMATION

1. Professional organizations in which you belong: _____

2. College activities engaged in and any honors received before or since graduation: _____

3. Language fluency, other than English:
Fluent in: _____ Conversant in: _____

4. Have you ever been convicted of a felony? No Yes If Yes, identify: _____

5. Have you ever been discharged from a position or failed a re-election? No Yes
If Yes, explain on a separate sheet of paper

6. Why do you wish to leave your current position? _____

3. Inclusive dates of service: _____ to _____ Assignment: _____
Month/Year Month/Year

School: _____ Grade Level/Subject Taught: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name of immediate supervisor: _____ Title: _____

MILITARY SERVICE

List full-time service in the U.S. Armed Forces

1. Inclusive dates of service: _____ to _____ Branch of Service: _____
Month/Year Month/Year

Rank at discharge: _____

NON TEACHING EXPERIENCE

Beginning with your most recent experience, list non-teaching work experience. (Attach additional page, as needed).

1. Inclusive dates of service: _____ to _____ Position: _____
Month/Year Month/Year

Company: _____ Assignment was: Full-time Part-time

Address: _____ City: _____ State: _____ Zip: _____

Name of immediate supervisor: _____ Title: _____

2. Inclusive dates of service: _____ to _____ Position: _____
Month/Year Month/Year

Company: _____ Assignment was: Full-time Part-time

Address: _____ City: _____ State: _____ Zip: _____

Name of immediate supervisor: _____ Title: _____

3. Inclusive dates of service: _____ to _____ Position: _____
Month/Year Month/Year

Company: _____ Assignment was: Full-time Part-time

Address: _____ City: _____ State: _____ Zip: _____

Name of immediate supervisor: _____ Title: _____

APPLICANT'S ACKNOWLEDGMENT, AUTHORIZATION, AND RELEASE

Read carefully before signing

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 employment. An application remains active for a period of one year and must be renewed following this period. If recommended for employment, a criminal background and child maltreatment check will be required to be satisfactorily completed before an applicant will be employed. A physical entrance examination may also be required.

I certify that the information given by me in the application is true and correct, without omissions of any kind. I agree that the Concord Public School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the Concord Public School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, and corporation or government agency to disclose to the Concord Public School District any information they may have regarding me. In consideration of the Concord Public School District's review of this application, I hereby release the District as well as other providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signed: _____ Date: _____

Applicant's Signature

In compliance with federal nondiscrimination laws, the Concord Public School District does not discriminate in employment and education practices relative to race or national origin (Title VI of the Civil Rights Act of 1964), disability (section 504 of the Rehabilitation Act of 1975) and Title II of the Americans with Disabilities Act), gender (Title IX of the Education Amendments of 1972), or age (The Age Discrimination Act of 1975). The contact person for all the above civil rights areas is the Superintendent of Schools, Concord Public School District, 10920 Heber Springs Road North, Concord, Arkansas 72523, phone (870)668-3522.

Send application and all required documentation to:

Superintendent of Schools
Concord Public School District
10920 Heber Springs Road North
Concord, Arkansas 72523

To The Applicant:

Please complete the Consent Form below and submit it with your Application for Employment. **THIS SIGNED AND DATED CONSENT FORM IS A REQUIRED APPLICATION DOCUMENT.**

CONSENT FORM

I, _____, _____-_____-_____,
Applicant's Printed Name Social Security Number

Hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to the **CONCORD PUBLIC SCHOOL DISTRICT**. This consent is given in accordance with Act 1474 of the 1999 General Assembly of the State of Arkansas.

Signed: _____ Date: _____
Applicant Signature

ACT 147

**** AN ACT TO PROVIDE CURRENT AND FORMER BUSINESS EMPLOYERS WITH PROTECTION FOR PROVIDING JOB INFORMATION ABOUT CURRENT OR FORMER EMPLOYEES TO PROSPECTIVE EMPLOYERS****

Be it Enacted By The General Assembly Of The State Of Arkansas:

SECTION 1: (a) A current or former employer may disclose the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

- (1). Date and duration of employment
- (2). Current pay rate and wage history
- (3). Job description and duties
- (4). The last written performance evaluation prepared prior to the date of the request
- (5). Attendance information
- (6). Results of drug or alcohol tests administered within one (1) year prior to the request
- (7). Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee
- (8). Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation, and
- (9). Whether the employee is eligible for rehire.

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(b). The current or former employer disclosing such information shall be presumed to be acting in good faith and shall be immune from civil liability for the disclosure or any consequences of such disclosure unless the presumption of good faith is rebutted upon a showing, by a preponderance of evidence, that the information disclosed by the current or former employer was false and the current or former employer had knowledge of its falsity or acted with malice or reckless disregard for the truth.

SECTION 2. The consent required in Section 1 must be on a separate form from the application form, or, if included in the application form, must be in bold letters and in larger typeface than the largest typeface in the text of the application form. The consent form must state, at a minimum, language similar to the following:

“I, (applicant), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to (prospective employer).”

The consent must be signed and dated by the applicant. The consent will be valid only for the length of time that the application is considered active by the prospective employer, but in no event longer than six (6) months.

SECTION 3. The provisions of this act shall also apply to any current or former employee, agent, or other representative of the current or former employer who is authorized to provide and who provides information in accordance with the provisions of this act.

SECTION 4. (a) This act does not require any prospective employer to request employment history on a prospective employee and does not require any current or former employer to disclose employment history to any prospective employer.

(b) Except as specifically amended herein, the common law of this state remains unchanged as it relates to providing employment information on present and former employees.

(c) This act shall only apply to causes of action accruing on and after the effective date of this act.

SECTION 5. The immunity conferred by this act shall not apply when an employer or prospective employer discriminates or retaliates against an employee because the employee or the prospective employee has exercised, or is believed to have exercised, any federal or state statutory right or undertaken any action encouraged by the public policy of this state.

SECTION 6. Codification Clause

SECTION 7. Severability Clause

SECTION 8. Repealing Clause

To The Applicant:

Please complete the Consent to Perform Criminal History/Background Check in Compliance with the FCRA (Fair Credit Reporting Act) form below and submit it with your Application for Employment. THIS SIGNED AND DATED FORM IS A REQUIRED APPLICATION DOCUMENT.

Consent to Perform Criminal History/Background Check
In Compliance with the FCRA (Fair Credit Reporting Act)

_____	_____	_____
Last Name	First Name	Middle Name

Maiden or other name(s) used in any and all other records of birth or records of residence

_____	_____	_____	_____
*Address		Apartment or Unit #	
_____	_____	_____	_____
City	County	State	Zip Code

_____	_____	_____	_____
** Date of Birth	Social Security Number	** Gender	**Race

*AS SHOWN ON THE ORIGINAL APPLICATION

**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE

I, _____,
am an applicant for employment/volunteerism with Concord Public School District and have been advised that as a part of the application process, the school district conducts a criminal history background check. I do hereby consent to school district's use of any information provided during the application process in performing the criminal history check. The school district has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the school district. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. _____ Yes _____ No Have you ever been convicted or plead guilty before a court for any federal, state, or municipal criminal offense? (Exclude minor traffic misdemeanors).

If Yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of Conviction: _____

2. _____ Yes _____ No Have you ever received deferred adjudication or similar disposition for any federal, State, or municipal offense?

If Yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of Offense: _____

3. _____ Yes _____ No Have you ever received probation or community supervision for an federal, state, or municipal offense?

If Yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of Supervisor: _____

4. _____ Yes _____ No Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

If Yes, please provide details.

Country: _____ City: _____ Date of Offense: _____

Details of Conviction: _____

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5. _____ Yes _____ No As of the date of this consent form, do you have any pending charges against you?

If Yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of Pending Charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE I UNDERSTAND THAT GROUNDS FOR CANCELLING ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE SCHOOL DISTRICT.

Signed this _____ day of _____, 20_____

Applicant (Print Name):

Applicant's Signature: