

Osceola School District No. 1  
Osceola, Arkansas

INSTRUCTIONAL AND ADMINISTRATIVE APPLICATION

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Last Name                      First Name                      Middle                      Date

Position/Desire \_\_\_\_\_  
(INDICATE LEVELS IN ELEMENTARY SCHOOL OR SUBJECT IS MIDDLE, JUNIOR, OR SENIOR HIGH SCHOOL IN ORDER OF PREFERENCE)

**It is the policy of the Osceola School District not to discriminate on the basis of race, color, national origin, sex, or handicap in its educational programs, activities, or employment policies.**

Please return to

Superintendent of Schools  
P.O. Box 528  
Osceola, Arkansas 72370

Fax: 870-563-2181

E-mail: Bea McCorkley at <mailto:bmccorkley@osd1.org>



UNDERGRADUATE Major \_\_\_\_\_ Minor \_\_\_\_\_  
 Area of Specialization \_\_\_\_\_

GRADUATE Major \_\_\_\_\_ Minor \_\_\_\_\_  
 Area of Specialization \_\_\_\_\_

College Activities in Which You Have Participated: \_\_\_\_\_

Hobbies – Sports – Special Interests: \_\_\_\_\_

Do you hold an Arkansas Teaching Certificate? \_\_\_\_\_ (if yes, please attach a copy) Exp. Date \_\_\_\_\_

<b>TYPE</b>	<b>REGULAR</b>	<b>PROVISIONAL</b>	<b>NON-TRADITIONAL</b>
Elementary	_____	_____	_____
Secondary	_____	_____	_____

**SUBJECTS QUALIFIED TO TEACH AS LISTED ON TEACHING CERTIFICATE**

\_\_\_\_\_

**PRACTICE TEACHING**

Name of School: \_\_\_\_\_

Grade or Subject Taught: \_\_\_\_\_ Date \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Supervising Teacher \_\_\_\_\_

**TEACHING EXPERIENCE:** List all experience in chronological order and account for each school year since you began teaching. (Attach an extra page, if necessary.)

INCLUSIVE DATES FROM TO		YEARS OF EXPERIENCE	NAME OF SCHOOL	ADDRESS	SUBJECTS OR GRADE TAUGHT	FULL OR PART TIME	REASON FOR LEAVING

List annual salary of last teaching position held \$ \_\_\_\_\_ Total number years of experience \_\_\_\_\_

**NON-TEACHING EXPERINECE  
(INCLUDE MILITARY SERVICE RECORD)**

INCLUSIVE DATES FROM TO		NAME OF EMPLOYER	ADDRESS	RANK OR POSITION HELD	REASON FOR LEAVING

**ARE YOU:**

A veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

A veteran with a service-connected disability? Yes \_\_\_\_\_ No \_\_\_\_\_

A deceased veteran's spouse who is unmarried at the times of application and hiring? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** to indicate appropriate status on the employment application and include supporting documentation (see below) for proof of status will result in the applicant NOT receiving the veteran's preference.

- Form DD-214 indicating honorable discharge;
- A letter dated within the last six months from the applicant's command indicating years of service in the National Guard or Reserve Forces as well as the applicant's current status;
- Marriage license;
- Death certificate;
- Disability letter from the Veteran's Administration

**AGREEMENT**

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND 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 RULES AND REGULATIONS OF THE DISTRICT.**

**I UNDERSTAND THAT BY STATE LAW THE BOARD OF EDUCATION MUST REQUIRE ALL EMPLOYEES TO GIVE PERMISSION FOR A CRIMINAL BACKGROUND CHECK. I GIVE PERMISSION ACKNOWLEDGE BY MY SIGNATURE.**

**I AGREE TO PROMPLTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT**

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