

SUBSTITUTE TEACHER APPLICATION FAYETTEVILLE PUBLIC SCHOOL DISTRICT

Last Name	First Name	Middle Name	Home, Work and/or Cell phone numbers
Mailing Address		City	State Zip

Summary of Education Professional Training- Please check the highest level of education completed and list any additional training you have received. (eg Teahcer's Certificate..)

<input type="checkbox"/> High School	<input type="checkbox"/> Associates Degree	_____
<input type="checkbox"/> Community College	<input type="checkbox"/> Bachelors Degree or above	_____

-please include degree field/teaching certificate

Summary of Work-Related Skills and Experience- List your abilities, skills, competencies and years of experience relating to the job for which you are applying (you may attach a resume in addition to completing this part)- be sure to list start and end dates of employment:

Criminal History- Have you been convicted of any crime, Yes No, if yes, give the name(s) or description(s) of the offense(s), including the date and location of the conviction (if you are selected for provisional employment, you will be required to apply for a criminal background check and be declared eligible for employment by the Arkansas Department of Education in order to remain employed):

Reference- List at least 2 employers who we can contact about your work ethics and performance. If not previously employed list non relatives.

1.	Name	Title	Address	Phone	Dates of employment
2.	Name	Title	Address	Phone	Dates of employment
3.	Name	Title	Address	Phone	Dates of employment

I certify that answers herein are true and complete to the best of my knowledge; I understand that false or misleading information in this application would be grounds for termination of employment. **WAIVER OF PRIVACY RIGHTS:** In consideration of the District's review of this application, I authorize Fayetteville School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give Fayetteville School District any information they may have regarding me; I release Fayetteville School District and all providers of information from any liability as a result of furnishing or receiving this information.

Date _____ Applicant's Signature _____

Return this application and supporting material to the Fayetteville School-District Human Resources Department located at 1000 W. Stone Street; Fayetteville, AR.

FAYETTEVILLE SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.