Charleston Public Schools

Certified Employment Application

(Direct application to Superintendent, Charleston Public Schools, P.O. Box 188, Charleston, AR 72933.)

I. Pe	ersonal Data								
	Name								
	Present Address								
	Permanent Address								
	Present Telephone No Permanent No								
	Position for which you are applying								
	Have you ever been convicted of a felony? Yes No								
	If yes, please explain.								
II. Ce	Are you an offender of a trueYes rtification	•	treatment?						
	Types of Certification	Expiration Date							
	Areas of Certification								
III. Tr	caining Colleges/Universities	City, State	Date	Year of Graduation	Hours Earned	Degree			
Major(s	s)								
Minor	e)								

Secondary School	City, State	Date	Grade Completed G		Date of raduation	
IV. Professional Experience						
Grade / Supervisor Pos	sition School City,	State	Subject	Dates	and Title	
***If no professional e	experience, complete	e the follo	owing:			
Student Teaching						
School	•					
Grades and/or Subject Areas Principal						
Supervising Teacher					_	
V. General						
Have you ever failed re-election?	Whe	ere?				
If so, state reasons						
Why do you wish to leave your pres	ent position?					
Why do you wish to teach in Charles						
Hobbies, sports, special interests?						

Professional Membership?
Experience other than teaching (include community activities)?
Extra-curricular activities in college?
Extra-curricular school sponsorships or duties?

VI. Professional Development

- 1. Have you ever been on an ALP?
- 2. Have you ever taught outside your certification area?
- 3. Does your license expire this December?
- 4. Provide proof of 60 hours of professional development?

VII. Educational Records

Attach all transcripts to this application form.

Applicants must attach a copy of their valid Arkansas Teaching License and/or Praxis Scores.

VIII. Military Service

In order for an applicant to be given preference when determining interview candidates, the applicant must meet the definition of a veteran or of the surviving spouse of a deceased veteran, must have indicated the appropriate status on the job application, must be a citizen and resident of Arkansas, and must meet substantially similar qualification to the other applicants.

A veteran under the age fifty-five (55)

Yes / No

A veteran who is over the age of fifty-five (55), disable (it is not necessary that

the disability is service connected), and entitle to a pension or compensation

Yes / No

under existing laws.

Spouse of a deceased veteran who is unmarried at the time of hiring.

Yes / No

Spouse of a veteran who suffers from a service-connected disability.

Yes / No

Veterans or spouses of veterans are required to attach the following, as applicable, documentation to the employment application:

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, etc., as well as the applicants current status;

Birth Certificate:

Marriage License;

Death Certificate;

Disability letter from the Veteran's Administration, in the case of an applicant with a service-related disability; In the case of a veteran who is over the age of fifty-five (55), disabled (it is not necessary that the disability is service-connected), and entitled to a pension or compensation under existing laws, a letter from the veteran's physician indicating a disability, dated with the last six months.