



3205 Jenny Lind • P. O. Box 1948 • Fort Smith, AR 72902-1948  
 (479)785-2501 • FAX(479)784-8108

DATE RECEIVED IN PERSONNEL OFFICE

---

Subsequent Renewal/Activity Dates:

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

## 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** \_\_\_\_\_ **Other** \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Present address valid until: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Street/City/State/Zip \_\_\_\_\_

Additional phone number(s) where you may be reached during the day: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### 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 scores  |
| 2. College transcripts (photocopies are acceptable)      | 5. Photocopy of teaching license (Arkansas and/or other) or digibility for AR teaching license |
| 3. College placement file or two professional references | 6. Signed Consent Form   |

Position for which you are applying:  Teacher  Administrator  Specialist  Specific: \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Are you currently under contract?  No  Yes If Yes, explain: \_\_\_\_\_

Have you filed an application with Fort Smith Public Schools within the last year?  No  Yes If Yes, position applied for: \_\_\_\_\_

### Position Desired

Check appropriate:

- |                                    |                                       |   |  |   |  |
|------------------------------------|---------------------------------------|---|--|---|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Counselor-Elementary | <input type="checkbox"/> Music-Band      | <input type="checkbox"/> Special Education  | <input type="checkbox"/> Administrator:  |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Elementary   | <input type="checkbox"/> Counselor-Secondary  | <input type="checkbox"/> Music-Choral    | <input type="checkbox"/> Speech Pathologist | _____                                    |
|                                    | <input type="checkbox"/> Junior High  | <input type="checkbox"/> Gifted & Talented    | <input type="checkbox"/> Music-Orchestra | <input type="checkbox"/> Other Specialist:  | <input type="checkbox"/> Other Specific: |
|                                    | <input type="checkbox"/> Senior High  | <input type="checkbox"/> Media Specialist     | <input type="checkbox"/> PE/Coach        | _____                                       | _____                                    |

Number in order of preference those elementary grades you wish to teach: \_\_\_\_\_ K \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup>  
 \_\_\_\_\_ K-6 (Special Education, Music, Media, etc.) \_\_\_\_\_ Pre-K

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 which you would be willing to sponsor or assist:

- |                                 |                                       |  |                                    |   |                                      |
|---------------------------------|---------------------------------------|--|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Drama  | <input type="checkbox"/> Cheerleaders | <input type="checkbox"/> Pep Club        | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Athletics/Sports | <input type="checkbox"/> Music Areas |
| <input type="checkbox"/> Debate | <input type="checkbox"/> Drill team   | <input type="checkbox"/> Student Council | <input type="checkbox"/> Yearbook  | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Other       |

### Licensure

State Issuing License	Expiration Date	Area(s) of Licensure
_____	_____	1. _____ 2. _____ 3. _____
_____	_____	4. _____ 5. _____ 6. _____
_____	_____	1. _____ 2. _____ 3. _____
_____	_____	4. _____ 5. _____ 6. _____
_____	_____	1. _____ 2. _____ 3. _____
_____	_____	4. _____ 5. _____ 6. _____

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(s)	Grade Level & Subject
_____	_____	_____	_____	_____

**Additional Information**

- Professional organizations to which you belong: \_\_\_\_\_
- College activities engaged in and any honors received before or since graduation: \_\_\_\_\_
- Language fluency, other than English:  
 Fluent in: \_\_\_\_\_ Conversant in: \_\_\_\_\_ Read with understanding: \_\_\_\_\_
- Have you ever been convicted of a felony?  No  Yes If Yes, identify: \_\_\_\_\_
- Have you ever been discharged from a position or failed re-election?  No  Yes If Yes, explain on a separate sheet of paper.
- Why do you wish to leave your present position? \_\_\_\_\_
- Why do you wish to teach in Fort Smith? \_\_\_\_\_

**References**

Provide at least five references, including principals and superintendents for whom you have most recently taught and one additional person who can attest to your character and qualifications.

- Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## Teaching Experience

*Beginning with your most recent experience, list all regular teaching experience in public and private schools and in colleges and universities. (Attach additional page, as needed.)*

1) **Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

**Assignment:** \_\_\_\_\_  
 Grade Level/Subject: \_\_\_\_\_  
 Assignment was:  Full-time  Part-time (\_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 School \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

2) **Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

**Assignment:** \_\_\_\_\_  
 Grade Level/Subject: \_\_\_\_\_  
 Assignment was:  Full-time  Part-time (\_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 School \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

3) **Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

**Assignment:** \_\_\_\_\_  
 Grade Level/Subject: \_\_\_\_\_  
 Assignment was:  Full-time  Part-time (\_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 School \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

4) **Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

**Assignment:** \_\_\_\_\_  
 Grade Level/Subject: \_\_\_\_\_  
 Assignment was:  Full-time  Part-time (\_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 School \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

5) **Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

**Assignment:** \_\_\_\_\_  
 Grade Level/Subject: \_\_\_\_\_  
 Assignment was:  Full-time  Part-time (\_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 School \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

## Military Service

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

**Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

Branch of Service: \_\_\_\_\_  
 Rank at discharge: \_\_\_\_\_

## Non-Teaching Experience

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

1) **Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

**Position:** \_\_\_\_\_  
 Position was:  Full-time  Part-time (\_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 Company \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

2) **Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

**Position:** \_\_\_\_\_  
 Position was:  Full-time  Part-time (\_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 Company \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

3) **Inclusive dates of service:** \_\_\_\_\_ — \_\_\_\_\_  
 month & year                      month & year

**Position:** \_\_\_\_\_  
 Position was:  Full-time  Part-time (\_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 Company \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

**Original Statement**

*Please respond in your own handwriting.*

Explain why you chose to enter the teaching profession and describe your career goals in the profession.

Lined area for handwritten response.

**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 check and physical entrance examination may be required to be satisfactorily completed before an applicant will be employed.

I certify that the information given by me in this application is true and correct without omissions of any kind. I agree that the Fort Smith 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 Fort Smith Public School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the Fort Smith Public School District any information they may have regarding me. In consideration of the Fort Smith 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: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

In compliance with federal nondiscrimination laws, the Fort Smith Public Schools do 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 1973 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 Assistant Superintendent for Personnel and Support Services, Fort Smith Public Schools, P. O. Box 1948, Fort Smith, AR 72902-1948, phone (479) 785-2501.

Send application and required documents (resume, photocopy of college transcripts, college placement file or references, photocopy of Praxis/NTE scores, photocopy of teaching license or licensure eligibility, and signed Consent Form) to:

**Personnel Office  
Fort Smith Public Schools  
Post Office Box 1948  
Fort Smith, AR 72902-1948**

**To the Applicant:**

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

<b>CONSENT FORM</b>	
I, _____,	_____
Applicant (PLEASE PRINT FULLNAME)	Social Security Number
<p><b>hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to the FORT SMITH PUBLIC SCHOOL DISTRICT.</b></p> <p><b>This consent is given in accordance with Act 1474 of the 1999 General Assembly of the State of Arkansas.</b></p>	
Signed: _____	Date _____
<b>Applicant</b>	

**ACT 1474**

**“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.

(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 the 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.