



Nemo Vista School District

Certified Teacher Application

First Name _____ Last Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Position Desired _____ SSN _____

Phone Number _____ Email _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

Do you currently hold an Arkansas Teaching License? _____ Expiration Date _____

Subject areas qualified to teach as stated on teaching license

Educational and Professional Training

	Name of School or Institution	City & State	Attended From: Mo. & Yr.	To: Mo. & Yr.	Graduation Date: Degree:	
High School:						
College:						
Graduate School:						

Teaching or Administrative Experience

Employment Dates		Name of School	Location	Position Held
From:	To:			

References

Name	School District	Position	Phone Number

AGREEMENT

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal without notice at any time during my employment. I understand that some jobs require special background checks prior to my employment and that failure to meet these requirements may lead to my rejection as an applicant for that job. I understand by state law the board of education must require all employees to submit a tuberculin test. I also understand that these background checks and tuberculin test will be at my expense.

“I, _____, hereby give consent to any and all prior employers of mine and references to provide information with regard to my employment with prior employers to the Nemo Vista School District.” This consent will be valid for no more than one year.

Signature _____ Date _____