

**DANVILLE PUBLIC SCHOOLS**  
APPLICATION FOR  
CERTIFIED PERSONNEL

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PRESENT POSITION: \_\_\_\_\_

POSITION/GRADE/SUBJECT AREA/APPLYING FOR: \_\_\_\_\_

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**TO BE CONSIDERED AS AN APPLICANT, YOU MUST PROVIDE THE FOLLOWING:**

- **A COMPLETED APPLICATION**
- **LETTER OF INTRODUCTION**
- **RESUME**
- **COPY OF CURRENT AR CERTIFICATION**
- **COPY OF SUBJECT MATTER EXAMS (PRAXIS,NTE, ETC)**
- **COPY OF COLLEGE TRANSCRIPTS**
- **3 REFERENCE LETTERS**

RETURN APPLICATION TO:      OFFICE OF SUPERINTENDENT  
   DANVILLE SCHOOL DISTRICT #36  
   PO Box 939  
   Danville, AR 72833

EQUAL OPPORTUNITY EMPLOYER

No person in the United States shall, on the grounds of sex, race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.



AREAS OF CERTIFICATION: \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN TERMINATED/Forced Resignation? YES \_\_\_\_\_ NO \_\_\_\_\_

IF ABOVE ANSWER IS "YES" PLEASE EXPLAIN \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL AND PROFESSIONAL TRAINING**

HIGH SCHOOL	NAME OF INSTITUTION ATTENDED	CITY & STATE	DATES ATTENDED		GRADUATION		TOTAL SEMESTER HOURS EARNED IN EACH SCHOOL (If Qtr. hrs. please indicate)
			FROM	TO	DATE	DEGREE	
			Mo. Yr.	Mo. Yr.			
COLLEGE OR UNIVERSITY							
GRADUATE WORK							
	TOTAL SEMESTER HOURS OF CREDIT						

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**PRACTICE TEACHING (Do not complete if you have teaching experience)**

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

Complete Address and Phone No.: \_\_\_\_\_

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

Name of Principal: \_\_\_\_\_

**PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOWS YOUR QUALIFICATIONS FOR EMPLOYMENT WITH DANVILLE SCHOOL DISTRICT #36**

**TEACHING EXPERIENCE**

List all experience in chronological order and account for each school year since you began teaching.

INCLUSIVE DATES		NUMBER OF YEARS EXPERIENCE	NAME OF SCHOOL	COMPLETE ADDRESS	SUBJECT OR GRADE TAUGHT	FULL OR PART TIME	REASON FOR LEAVING

List annual salary of last teaching position held: \$ \_\_\_\_\_

Activity or activities you would be willing to sponsor: \_\_\_\_\_

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

INCLUSIVE DATES		NAME OF EMPLOYER	ADDRESS	RANK OR POSITION	REASON FOR LEAVING OR TYPE OF DISCHARGE

**AGREEMENT**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND MISREPRESENTATION OF OMISSION OF FACTS CALLED FOR IS CLAUSE 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 BY STATE LAW THE BOARD OF EDUCATION MUST REQUIRE ALL EMPLOYEES TO SUBMIT A CHEST X-RAY OR TUBERCULIN TEST, I FURTHER UNDERSTAND AND AGREE THE TUBERCULIN TEST WILL BE AT MY EXPENSE.

I AGREE TO PROMPTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_