

TEACHING APPLICATION
WATSON CHAPEL SCHOOL DISTRICT
4100 CAMDEN ROAD
PINE BLUFF, AR 71603

Date _____

Name _____ Teaching Preference _____

Permanent Address _____

Street _____ City _____ Zip _____

Social Security Number _____ Phone # _____

Other names under which you might have academic or employment records _____

Educational Background

Name of High School attended _____ Year/Graduated _____

Principal _____

Colleges Attended	Major	Minor	Degree	Year of Graduation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Teaching Experience

Name of School _____ Supervising Teacher _____

Certified Subjects _____

Six or Ten Year Teacher's Certificate _____

Teaching Experience

# of Years	Name and Address of School or Employer	Grade Taught or Job Description	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____

Related Work Experience

Last Position Held _____ Reason for Leaving _____

References	Name	Address	Position
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

ATTACH: (1) Transcript (2) Copy of Teaching Certificate (3) Personal Resume (4) Other Information

THE WATSON CHAPEL SCHOOL DISTRICT IS COMMITTED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN.



Consent to Perform Criminal History/Background Check
In Compliance with the FCRA (Fair Credit Reporting Act)

Last Name _____ First Name _____ Middle Name or Initial _____

Maiden or other name(s) used in any and all other records of birth or records of residence. _____

*Address _____ Apartment or # _____

City _____ County _____ State _____ Zip _____

**Date of Birth _____ Social Security Number _____ **Gender _____ **Race _____

*AS SHOWN ON THE ORIGINAL APPLICATION

**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.

_____ am an applicant for employment / volunteerism with _____ Company and have been advised that as a part of the application process, the company conducts a criminal history background check. I do hereby consent to the company use of any information provided during the application process in performing the criminal-history check. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. ___ Yes ___ No Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____

Details of Conviction: _____

2. ___ Yes ___ No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____

Details of Offense: _____

3. Yes No Have you ever received probation or community supervision for any federal, state or municipal offense?
If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____/____/____

Details of Supervision: _____

4. Yes No Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
If yes, please provide details below.

Country: _____ City: _____ Date of Offense: ____/____/____

Details of Conviction: _____

5. Yes No As of the date of this consent form, do you have any pending charges against you?
If yes, please provide details below.

State: _____ County: _____ Date of Arrest: ____/____/____

Details of Pending Charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this _____ day of _____, 20____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____



Consent to Perform Motor Vehicle Records History Check

PERSON'S NAME:		DATE OF BIRTH:	
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE:
SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:	

FOR THE USE OF: WATSON CHAPEL SCHOOL DISTRICT (Name of Company)

Licensee