

Employment Application – Licensed Position



Mountainburg Schools
Home of the Dragons

129 Hwy 71 SW, Mountainburg, AR 72946

Name of Applicant _____

Mailing address _____

Phone Number _____

Position Applying For _____

Educational Preparation

From/To	Name of University	Degree	Graduation Date

Teaching Experience

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

From/To	Name of School	Subject/Grade	Reason for Leaving

Other Work Experience—Include Military Service Record

From/To	Name of Employer	Position Held	Reason for Leaving

References – Please provide the name, relationship, and telephone number for three references, including your current employer.

Name	Relationship	Telephone Number

Why would you like to work for the Mountainburg School District?

Please state your philosophy of education.

Please provide a brief description of your teaching and discipline philosophy and methods.

Please describe your thinking concerning the role of technology in education.

Do you have HQT status for the position for which you are applying? Yes____ No____

Have you ever been or are you currently on an ALP? Yes____ No____

In accordance with Arkansas law, Mountainburg School District provides a veteran's preference to applicants who qualify as a veteran or as a deceased veteran's spouse. Do you qualify as a veteran or a deceased veteran's spouse? Yes ____ No ____

Do you have any reason to believe that you may not be able to perform all the essential duties required by the position for which you are applying? Yes____ No____ If yes, please explain.

- Have you ever been terminated from an employment position? ____ If yes, explain on a separate sheet of paper.
- Have you ever been convicted or have plead guilty of a felony violation of the law in any state? ____ If so, explain on a separate sheet of paper.
- Have you ever had a driver's license revoked? ____ If so, explain why on a separate sheet of paper.

Please send the following documents along with this application:

1. Professional Resume
2. Copy of Teaching License
3. Copy of Transcript of All College Work

An application remains active for one year and must be resubmitted following this period.

I authorize any educational institution, government unit, or other person or entity having any records or information concerning me to furnish such records or information requested by the Mountainburg School District or their representative. I hereby waive the right for such information to be privileged or private.

I hereby authorize the Mountainburg Public School to perform a criminal background check on me.

I certify that the information I have provided on this application and on the supplemental documents is true and correct and that no attempt has been made to conceal pertinent information. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature _____ Date _____

(If called in for an interview, you will have the opportunity to sign a printed application)

Please save this application, then email it, along with the other supporting documents, to:
happlications@mountainburg.org

If email is not available to you, please send all documents to:

Superintendent – Mountainburg Public Schools
129 Hwy 71 SW
Mountainburg, AR 72946

EQUAL OPPORTUNITY EMPLOYER—The Mountainburg School District does not discriminate in employment and education practices relative to race, color, national origin, sex, age, religion, or disability.