

Osceola Communication, Arts and Business School, OCABS

Osceola, Arkansas

Mississippi County

INSTRUCTIONAL AND ADMINISTRATIVE APPLICATION

LAST _____ FIRST _____ MIDDLE _____ Date _____

Position Desired _____

(INDICATE LEVELS IN ELEMENTARY SCHOOL OR SUBJECT IS MIDDLE, JUNIOR,
OR SENIOR HIGH SCHOOL IN ORDER OF PREFERENCE)

It is the policy of OCABS not to discriminate on the basis of race, color, national origin, sex, or handicap in its Educational programs, activities, or employment policies.

Please return to

OCABS
P.O. Box 67
Osceola, Arkansas 72370

Fax: 870-622-0550

www.osceolacommunityschool.com

E-mail: ocabs@yahoo.com

**OCABS Open-enrollment Public Charter School
AN EQUAL OPPORTUNITY EMPLOYER**

Name: LAST _____ FIRST _____ MIDDLE _____

Present Address: NUMBER & STREET _____ CITY _____ STATE ____ ZIP _____

Phone ___ - _____ **I will be available at the above address until** _____

Give date you would be available for position

Social Security Number _____

Are you a U. S. Citizen? ____ **If not, are you a legal alien?** ____

In case of emergency, notify _____ **Relationship** _____

Address: NUMBER & STREET _____ CITY _____ STATE ____ ZIP _____

Phone: ___ - _____

Have you ever been convicted of a crime (other than traffic violations)? Yes _____ No _____

If above answer is “YES,” please explain: _____

Position desired _____ **Date available** _____

References: Give at least four references, including Superintendent and Principals under whom you have taught, and have first—hand knowledge of your character, personality, scholarship, and teaching ability. If you wish for us to wait to contact any of your references, please indicate in the same space as the NAME when we may make contact.

| NAME | OFFICIAL POSITION | STREET ADDRESS | CITY & STATE | PHONE # |
|------|-------------------|----------------|--------------|---------|
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EDUCATIONAL & PROFESSIONAL TRAINING

| HIGH SCHOOL | NAME OF INSTITUTION ATTENDED | CITY & STATE | DATES ATTENDED | | GRADUATION | | TOTAL SEMESTER HOURS EARNED IN EACH SCHOOL – if qtr. Hrs. indicate |
|---------------------------------------|------------------------------|--------------|----------------|-----|------------|--------|--|
| | | | FROM | TO | DATE | DEGREE | |
| | | | MO. | YR. | | | |
| COLLEGE OR UNIVERSITY | | | | | | | |
| | | | | | | | |
| GRADUATE WORK | | | | | | | |
| | | | | | | | |
| TOTAL SEMESTER HOURS OF CREDIT | | | | | | | |

UNDERGRADUATE
Area of Specialization _____

Major _____

Minor _____

GRADUATE
Area of Specialization _____

Major _____

Minor _____

College Activities in Which You Have Participated _____

Hobbies – Sports – Special Interests _____

PRACTICE TEACHING

Name of School _____

Grade or Subject Taught _____ **Date** _____

Name of Principal _____ **Supervising Teacher** _____

Do you hold an Arkansas Teaching Certificate? _____ **Exp. Date** _____
If so, please attach a copy.

TYPE

REGULAR

PROVISIONAL

Elementary

Secondary

SUBJECTS QUALIFIED TO TEACH AS LISTED ON TEACHING CERTIFICATE

List all experience in chronological order and account for each school year since you began teaching. (Attach an extra page, if necessary.)

| INCLUSIVE DATES FROM TO | | NUMBER MONTHS EXPERIENCE | NAME OF SCHOOL | ADDRESS | SUBJECTS OR GRADE TAUGHT | FULL OR PART TIME | REASON FOR LEAVING |
|----------------------------|--|-----------------------------|----------------|---------|--------------------------|-------------------|--------------------|
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| | | | | | | | |

List annual salary of last teaching position held \$ _____

Total number years of experience _____

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

| INCLUSIVE DATES FROM TO | | NAME OF EMPLOYER | ADDRESS | RANK OR POSITION HELD | REASON FOR LEAVING |
|----------------------------|--|------------------|---------|-----------------------|--------------------|
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AGREEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL WITHOUT NOTICE AT ANY TIME DURING MY EMPLOYMENT.

I AGREE, IF EMPLOYED, TO FOLLOW ALL RULES AND REGULATIONS OF OCABS.

I UNDERSTAND THAT BY STATE LAW THE BOARD OF EDUCATION MUST REQUIRE ALL EMPLOYEES TO GIVE PERMISSION FOR A CRIMINAL BACKGROUND CHECK. I GIVE PERMISSION ACKNOWLEDGE BY MY SIGNATURE. I AGREE TO PROMPTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT

I UNDERSTAND THAT OCABS IS AN OPEN-ENROLLMENT, PUBLIC CHARTER SCHOOL AND HAS BEEN GRANTED WAIVERS THAT TRADITIONAL SCHOOLS MAY NOT HAVE, INCLUDING A WAIVER FROM THE ARKANSAS TEACHER FAIR DISMISSAL LAW

Date _____

Signature _____