

(THIS APPLICATION MUST BE UPDATED YEARLY.)



Teacher's Application
BUFFALO ISLAND CENTRAL SCHOOLS
P.O. Box 730
Monette, AR 72447

Name _____ Date _____

Address _____ Phone _____

Educational Preparation:

High School Attended _____

Date of Graduation _____

College Attended:

_____ Date of Graduation _____ Degree _____

_____ Date of Graduation _____ Degree _____

_____ Date of Graduation _____ Degree _____

Major: _____ Minor: _____

Position for Which You Are Applying: _____

Work Experience—Major Work Other Than Teaching:

Teaching Experience:

Name of School _____ Date _____ Grade or Subject Taught _____

References: (3 professional and 3 personal)

Name Address Phone

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Have you been convicted of a crime or felony? ___Yes ___No (check one)

Applicant's Signature

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AUTHORIZATION TO RELEASE AND DISCLOSE RECORDS

The undersigned, having made application for employment to the **BUFFALO ISLAND CENTRAL** School District and in consideration of accepting my request for employment by the **BUFFALO ISLAND CENTRAL** School District, I hereby give consent to the appropriate authorities to provide information concerning any prior criminal convictions to the **BUFFALO ISLAND CENTRAL** School District.

Applicant

Social Security Number

Date of Birth

Dated this _____ day of _____, 20____.