

Gentry Public Schools
201 South Giles
Gentry, AR 72734
479-736-2253

Dear Applicant:

We welcome your request for an application with the Gentry School District. We believe that we have one of the finest school systems in the state and look forward to considering you for a position. Careful adherence to the following instructions will ensure that your application is given prompt attention.

Applications for positions in the Gentry School District shall be completed on forms provided by the administration office or from our web site at www.gentrypioneers.com. Please distribute the reference forms to the appropriate persons as indicated on the application. Placement papers are acceptable as a supplement to the individual references. Be sure you have completed the necessary information on the reference forms before you distribute them.

If you hold a valid teaching license, you need to complete the enclosed application form and return it to the superintendent's office along with the following items:

- A photo copy of your valid teaching license
- Copies of all college transcripts
- A photo copy of your social security card
- A photo copy of Praxis scores

**If you are hired, originals of the above items will be required.

If you do not have a valid teaching license, it will be necessary to complete the enclosed application form and return it to the superintendent's office along with the following items:

- A letter from the college verifying the data that the college has or will recommend you for licensure in the area(s) of specialization listed.
- Your latest official transcript
- A photo copy of your social security card
- A photo copy of Praxis scores

When your completed application, references, all transcripts and required photocopies are received, your application will be processed and then reviewed as vacancies occur. Your application will remain in the active file until December 1st of the year in which you submitted it. After that date, you will need to re-apply.

The Gentry School District does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or disability.

Since we are seeking exceptionally qualified professionals, we appreciate your interest in the Gentry School District.

Sincerely,

Randy Barrett, Ed. D.
Superintendent

APPLICATION FOR EMPLOYMENT

Gentry School District * 201 South Giles * Gentry, AR 72734

Phone: 479-736-2253

Web Address: www.gentrypioneers.com

DATE	
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Legal Name (as it appears on Social Security records)

LAST	FIRST	MIDDLE

ADDRESS (City, State, Zip)	
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WORK PHONE	HOME PHONE	SOCIAL SECURITY NUMBER

MEMBER OF ARKANSAS TEACHER RETIREMENT

YES		CONTRIBUTORY	
NO		NON-CONTRIBUTORY	

AREA(S) OF CERTIFICATION	
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DO YOU HAVE AN ARKANSAS TEACHERS CERTIFICATE	YES		NO	
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CERTIFICATE # IF DIFFERENT FROM SS#	
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Does your signature on this application authorize the Gentry School District to verify with the Arkansas Central Registry that neither you nor any member of your family is listed in the Arkansas Child Abuse and Neglect Central Registry?

YES	
NO	

POSITION DESIRED:

Indicate Grades or Subjects in Order of Preference	Certification		Special Qualifications
	Yes	No	
1.			
2.			
3.			
4.			

EDUCATIONAL HISTORY:

HIGH SCHOOL	CITY	STATE	DATE OF GRADUATION

BACHELOR'S DEGREE	INSTITUTION	CITY	STATE
MAJOR SUBJECT	MINOR SUBJECTS		DATE OF GRADUATION
NUMBER OF HOURS EARNED BEYOND A BACHELOR'S			

MASTER'S DEGREE	INSTITUTION	CITY	STATE
MAJOR SUBJECT	MINOR SUBJECTS		DATE OF GRADUATION
NUMBER OF HOURS EARNED BEYOND A MASTER'S			

NOTE* Degree and additional hours must be verified by official college transcript.

STUDENT TEACHING:

NAME OF SCHOOL	ADDRESS CITY AND STATE	GRADE / SUBJECT
DATES OF STUDENT TEACHING (FROM – TO)		SUPERVISOR

REFERENCES

Please list references that we may contact. Send a copy of the enclosed reference form to each reference and have them fill out and return to the administration building.

EMPLOYMENT REFERENCES—List Superintendents, Principals, Supervisors under whom you have worked.

NAME	PRESENT TITLE	PRESENT ADDRESS/PHONE	DATE EMPLOYED

EDUCATIONAL REFERENCES—List names of instructors under who you have had professional training.

NAME	PRESENT TITLE & INSTITUTION	PRESENT ADDRESS/PHONE	CITY AND STATE

PERSONAL REFERENCES—List individuals that you have been acquainted with.

NAME	PRESENT ADDRESS/PHONE	HOW LONG HAVE YOU KNOWN	RELATION

PERSONAL STATEMENT

Please write a brief statement that includes your reasons for wanting to work in the Gentry School District and your basic philosophy of education in relation to your particular field.

I hereby certify that the information furnished on this application form is true and accurate to the best of my knowledge and that submission of incorrect or falsified information may result in non-employment or dismissal.

Date

Applicant's Signature

GENTRY PUBLIC SCHOOLS

201 South Giles, Gentry, AR 72734

Phone: 479-736-2253

EMPLOYMENT REFERENCE

**Must print 3 copies of this page and have 3 individuals fill out and return to our office.

APPLICANT'S NAME _____

POSITION APPLIED FOR _____

**You have been noted as one who is acquainted with the qualifications, character and ability of the above named person who is applying for a position in our schools. Your kindness will be appreciated in supplying the information requested below and all information will be treated in strict confidence. Thank you for your cooperation. Please indicate by a CHECK your confidential rating of the applicant.

RATING CODE	EXCELLENT	GOOD	ADEQUATE	UNSATIS-FACTORY	UNABLE TO EVALUATE
Personality					
Knowledge of Subject Matter					
Ability to Work with Others					
Judgment					
Maturity					
Self-Control and Poise					
Loyalty and Reliability					
Open-Mindedness					
Attendance					
Professional Conduct					
Attitude Toward Supervisor					
Student Rapport					
Discipline					
Flexibility					
Planning, Organization					
Skill as an Instructor					
Understanding of Individual Differences					
Learning					
Motivation					

Length of acquaintanceship: YEARS _____ MONTHS _____

What position did the applicant occupy? _____

Dates of Service: FROM _____ TO _____

If former employee, why did applicant leave your site? _____

Would you re-employ? _____ If NO, please explain: _____

Comments: (Use back for more room if needed)

Date: _____ Signed: _____

Title/Position _____