

**NORTHWEST ARKANSAS EDUCATION SERVICE COOPERATIVE**  
**4 N. Double Springs Road**  
**Farmington, AR 72730**

[www.starfishnw.org](http://www.starfishnw.org)

479-267-7450

Early Childhood 479-267-5960

Instructions: Do not omit any applicable item.

Name \_\_\_\_\_  
                    First                      Middle                      Last                      Social Security Number

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
                    Number                      Street                      City                      State                      Zip Code

**A. CERTIFICATION**

1. Do you hold or have you held an Arkansas teaching certification? \_\_\_\_\_
  - a. Type: Regular \_\_\_\_\_ Provisional \_\_\_\_\_
  - b. Expiration Date: \_\_\_\_\_
  - c. Certification Areas: \_\_\_\_\_
2. Do you hold or have you held a teaching certification in another state? \_\_\_\_\_
  - a. State: \_\_\_\_\_
  - b. Type: \_\_\_\_\_
  - c. Certification areas: \_\_\_\_\_
3. If you do not currently hold a teaching certificate, describe your status: \_\_\_\_\_  
\_\_\_\_\_

**B. EDUCATIONAL AND PROFESSIONAL TRAINING**

1. List high school, college or university

Dates Attended	School/Institution	Location	Major	Minor	Degree & Year

2. Special training, seminars, etc: \_\_\_\_\_
3. Are you currently teaching a class on an Additional Licensure Plan (ALP)? \_\_\_\_yes \_\_\_\_no

**C. ADDITIONAL INFORMATION**

1. Professional, technical, educational, community or service organization to which you belong:

\_\_\_\_\_  
\_\_\_\_\_

Honors or awards received: \_\_\_\_\_

Hobbies, sports, special interests: \_\_\_\_\_

Collegiate extra-curricular activities: \_\_\_\_\_

Other: \_\_\_\_\_

2. Language ability (other than English): Fluent in: \_\_\_\_\_

Conversant in: \_\_\_\_\_ Read with understanding: \_\_\_\_\_

3. Are you legally eligible to be employed in the United States: \_\_\_\_\_ yes \_\_\_\_\_ no

**D. VETERAN'S PREFERENCE HIRING** For an applicant to be given preference when determining interview Candidates, the applicant must qualify for a veteran category or as a deceased veteran's spouse, indicate the appropriate status on the job application, and are required to attach the following as applicable, documentation to the employment application: 1.) Form DD-214 indicating honorable discharge; 2.) A letter dated within the last six (6) months from the applicant's command indicating years of service in the National Guard or Reserve Forces as well as the applicant's current status; 3.) Marriage License; 4.) Death Certificate; 5.) Disability letter from the Veteran's Administration.

I am a Veteran. \_\_\_\_\_ yes \_\_\_\_\_ no

I am a Veteran with a service-connected disability. \_\_\_\_\_ yes \_\_\_\_\_ no

I am a deceased Veteran's spouse who is unmarried at the time of application and hiring. \_\_\_\_\_ yes \_\_\_\_\_ no

**E. EXPERIENCE** Account for your work history in the tables below beginning with **current experience**.

**Teaching Experience**

List in sequence regular teaching experience and private schools and in colleges and universities.

<b>Dates: Month/Year From – To</b>	<b>Name of Institution or District</b>	<b>City or State</b>	<b>Grade or Subject Taught</b>
<b>Student Teaching:</b>			

**Non-Teaching Experience**

List other employment and/or experience

<b>Dates: Month/Year From – To</b>	<b>Firm or Agency</b>	<b>Address</b>	<b>Position</b>

**F. REFERENCES** Give at least five references: include principals and superintendents for whom you have most recently taught and one additional person who can attest to your character and qualifications.

<b>Dates: Month/Year From – To</b>	<b>Firm or Agency</b>	<b>Address</b>	<b>Position</b>

**Non-discrimination Policy**

**The NWAESC is an equal opportunity employer and shall not discriminate on the grounds of race, color, religion, national origin, sex, pregnancy, sexual orientation, gender identity, age, disability, or genetic information.**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this applications and release the Employer from any liability. The employer may contract any references that can speak to my qualifications for this position.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date