

SPRING HILL SCHOOL DISTRICT

633 Hwy 355 W
Hope, Arkansas 71801
Phone (870) 777-8236
Fax (870) 777-9200



EMPLOYMENT APPLICATION

**Teacher Applicants please include the following with
your application:**

- Resume
- Copy of Teaching License
- Three Letters of Reference
- Copy of College Transcripts
 - Praxis Test Results

Name _____ Last _____ First _____ Middle _____ Date _____

Position Desired _____ Phone Number _____ Email: _____

EDUCATION

	Name and Location of School	No. of Years Attended	Date Graduated	Type of Course or Degree
High School				
Vo-Tech or Business School				
College or University				

CERTIFICATIONS / ENDORSEMENTS

Date Attained	Certifying Organization	Certification	Level

EMPLOYMENT HISTORY

(Begin with most recent)

Name and Address of Employer		Date Month Year	Position	Reason for Leaving
Name		From:		
Address				
City		To:		
Supervisor				
Name		From:		
Address				
City		To:		
Supervisor				
Name		From:		
Address				
City		To:		
Supervisor				
Name		From:		
Address				
City		To:		
Supervisor				
Name		From:		
Address				
City		To:		
Supervisor				

TECHNOLOGY
Check Software Experience

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Google Apps	<input type="checkbox"/> Keynote
<input type="checkbox"/> Microsoft Power Point	<input type="checkbox"/> eSchool	<input type="checkbox"/> Numbers
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> iTunes	<input type="checkbox"/> iMovie
<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Pages	<input type="checkbox"/> Photoshop
<input type="checkbox"/> Adobe Creative Cloud	<input type="checkbox"/> Adobe InDesign	<input type="checkbox"/> Adobe Premiere Pro

Check Equipment Experience

<input type="checkbox"/> Apple/Mac	<input type="checkbox"/> Windows PC	<input type="checkbox"/> Chrome (Chromebook)
<input type="checkbox"/> Interactive White Board	<input type="checkbox"/> Document Camera	<input type="checkbox"/> Printer/Copier
<input type="checkbox"/> iPad	<input type="checkbox"/> Android Tablet	<input type="checkbox"/> Projector/TV System

Other technology related skills/interest/experience: (optional)

AGREEMENT

In exchange for my consideration as a potential employee I authorize a complete background investigation, including but not limited to employers and law enforcement agencies. I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal without notice at anytime during my employment.

I agree, if employed, to follow all rules and regulations of the Spring Hill School District, State of Arkansas, and United States of America.

I agree to promptly notify the district of any change of address during my employment.

DATE _____ SIGNATURE _____

Employment Applications and Documentation should be mailed or delivered to:

Spring Hill School District
Office of the Superintendent
Attn: Personnel
633 Hwy 355 West
Hope, AR 71801

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This institution is an equal opportunity provider.