

# Hillcrest School District

P.O. Box 50 • 146 S. Main  
Strawberry, Arkansas 72469  
Phone: (870) 528-3856  
Fax: (870) 528-3383

P.O. Box 70 • 180 School St.  
Lynn, Arkansas 72440  
Phone: (870) 528-3462  
Fax: (870) 528-3766

## APPLICATION FOR EMPLOYMENT CERTIFICATED

Date \_\_\_\_\_  
mo/day/yr

NAME \_\_\_\_\_  
Last First Middle/Maiden

ADDRESS \_\_\_\_\_  
Street/Route City State Zip Code

TELEPHONE \_\_\_\_\_  
Home Business

POSITION DESIRED \_\_\_\_\_

CERTIFICATE TYPE \_\_\_\_\_  
State Grade Level Exp. Date

AREAS OF CERTIFICATION \_\_\_\_\_  
(please attach a photocopy of your certificate)

TEACHING EXPERIENCE \_\_\_\_\_  
(public, private, practice) # yrs in Arkansas # yrs. out of state total

School Location Position Contact phone #

School Location Position Contact phone #

School Location Position Contact phone #

(If additional space is needed please attach a resume')

**EDUCATION**

High School	Address	Grad. Date	
College	Major	Degree	Date
College	Major	Degree	Date
College	Major	Degree	Date
College	Major	Degree	Date

(Please attach copies of college transcripts to this application)

**PROFESSIONAL REFERENCES**

Name	Title	Phone #
Name	Title	Phone #
Name	Title	Phone #

**PERSONAL REFERENCES**

Name	Relationship	Phone #
Name	Relationship	Phone #

(If you have letters of reference please attach copies to this application)

Signature	Date
(This application will remain on file for one year. If you would like to update this application by mail or telephone it will be kept on file for one additional year.)	

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_