

TEACHING EXPERIENCE (most recent first)

School and Location	Date	Grades or Subjects Taught	Supervisors

OTHER WORK EXPERIENCE (most recent first)

Firms and Location	Date	Duties	Supervisors

REFERENCE

Name	Mailing Address & Telephone	Position

I grant permission to Foreman School District to investigate my references and release the said District and my former employers who may supply written and/or oral references from this and all liability resulting from such investigation.

Applicant's Signature

Date

I hereby warrant that the information given by me on this form is true and correct. I understand that if I am employed by the Foreman School District, any misrepresentation or omission of any facts called for on this application or in the interview is cause for immediate dismissal at any time during my employment. If employed, I agree to follow all rules and regulations of said District as well as all Arkansas and Federal laws applicable to my employment.

Applicant's Signature

Date