Ozarks Unlimited Resources Education Cooperative
P.O. Box 610, Valley Springs, AR 72682

Application for Employment

Date: _____

Name of Position Desired: _____

Personal Information

Name: _____

Last First Middle

Address: _____

Street / Mailing City State Zip Code

Phone: _____ Email: _____

Are you legal to work in the United States? Yes ☐ No ☐

Have you ever pled guilty or been found guilty of a felony or crime? Yes ☐ No ☐

If yes, explain: _____

In case of an emergency, notify: _____

Why do you wish to work at O.U.R.? _____

Employment Experience

List all work experience beginning with the most recent.

Dates: (From: To:)	Yrs:	Name of School:	Phone:	Address:	Subject or Grade:

Military History

(Please complete this section ONLY if it applies to you.)

If this section does apply to you, please check the category/categories below as they apply to you and provide the requested information.

"X"	Category	Yrs of Service: (if applicable)	Required Documents (must be submitted with application)
	Veteran		Form DD-214, copy of birth certificate, letter from command indicating years of service in National Guard or Reserve Forces as well as current status (must be dated within last 6 months)
	Disabled Veteran		Form DD-214, copy of birth certificate, letter from veteran's physician indicating a disability (dated within last 6 months), letter from command indicating years of service in National Guard or Reserve Forces as well as current status (must be dated within last 6 months)
	Spouse of a deceased veteran (must be Unmarried at time of hiring)		Form DD-214, copy of marriage certificate, copy of veteran's death certificate
	Arkansas citizen & resident		

Educational Information

	School/Institution:	City/State:	Attended From:	To:	Graduation Date:	Degree:
High School:						
Undergraduate:						
Graduate:						

Certification & Other Information

Do you have an Arkansas teaching certificate? Yes ☐ No ☐

In what areas are you certified in Arkansas? _____

Do you have a teaching certificate from another state? Yes ☐ No ☐

What was your major area of study in your college/university work?

Bachelor's _____ Graduate _____

References

List at least three references who are not related to you that have first-hand knowledge of your professional/instructional ability.

Name:	Position:	Address:	City/State/Zip:	Phone/Email:

Signature

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements may result in my disqualification or dismissal. I also understand that jobs with our organization require special background checks and that failure to meet requirements will lead to my rejection. If employed by the Ozarks Unlimited Resources Education Cooperative, I will conform to all of its policies and regulations.

Signature of Applicant: _____ Date: _____

Requested Information for Attachment to Application:

1. Copy of college/university transcripts
2. Copy of Arkansas Teaching Certificate if applicable
3. Resume'
4. Military/veteran's information if applicable

Send application and required documents to:

Ozarks Unlimited Resources Education Cooperative
P.O. Box 610
Valley Springs, AR 72682

Equal Employment

In compliance with federal nondiscrimination laws, the Ozarks Unlimited Resources Education Cooperative does not discriminate in employment and education practices relative to race or national origin, disability, sex, or age.

To the Applicant: Please complete the consent form and submit with the application for employment.

Consent Form

I, _____
Applicant (please print full name)

give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to the Ozarks Unlimited Resources Education Cooperative.

Signed (applicant): _____ Date: _____

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P.O. Box 610, Valley Springs, AR 72682
Phone 870-302-3100