

Employment

Employment Application – Support Staff

APPLICATION FOR CERTIFICATED POSITION

The School District considers applicants for all positions without regard to race, color, religion, sex, national origin or disability. If you have a disability or handicap which may require accommodations for you to participate in our application process (including filling out this form, interviewing or any other pre-employment procedure or requirement), please make us aware of any accommodation you feel is necessary. If you have any inquiries, complaints or concerns about any pre-employment procedure or requirement, including completing this application, or about District policy of non-discrimination, you may contact the Superintendent at 573-226-3252.

All applicants are expected to answer all questions on this application. Answer “none” or “not applicable” where necessary.

The District is required to participate in E-Verify.

Date _____

Other names that may appear on your transcripts or records:

Social Security Number _____ - _____ - _____

Email Address _____

Current Address _____

Street

City

State

Zip

Permanent Address _____

Phone Number (____) _____ - _____ Date Available _____

Certification Type _____ (Career, Initial, etc.) Other _____

State(s) _____ Certification Area(s) _____

Grade Level(s) _____ Expiration Date _____

Other information regarding your certification and/or certification status: _____

Position(s) for which you are applying _____

Are you available for substitute teaching? _____ Paraprofessional? _____

Extra duty positions you may be interested in sponsoring or coaching? _____

Educational Preparation:

	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA
HIGH SCHOOL					
COLLEGES OR UNIVERSITIES					

Teaching Experience (If none, list student teaching experience):

DISTRICT NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE NUMBER

Other Work Experience:

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE NUMBER

References:

NAME	EMAIL ADDRESS	PHONE	POSITION

Employment Questions:

1. Have you ever been arrested for, or charged with or convicted of a felony or misdemeanor?
(Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00) Yes, please explain below No

2. Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00)
 Yes, please explain below No

3. Have the Missouri Division of Family Services or a similar agency in any other state or jurisdiction, ever issued a determination or finding of cause or reason to believe or suspect that you engaged in physical, emotional, psychological or sexual abuse or neglect of a child?
 Yes, please explain below No

4. Have you ever failed to be re-employed by an educational institution? Yes, please explain below
 No

If the answer to any of the foregoing questions is “yes” please explain; use a separate sheet if necessary:

READ CAREFULLY BEFORE SIGNING

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

1. I hereby authorize my current and former employers and references to furnish any information about me and about my experience. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release.
2. I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.
3. I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event I am employed by the district and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.
4. I understand that this application will be considered active through April 30th. I understand that if I wish my candidacy to remain open after that date, I must submit another application.

Signature

Date

Do Not Write Below This Line – For Administrative Use Only

Date received: Application _____ Transcripts _____ Letters of Reference _____

Date interviewed: _____ Interviewed by: _____

Date and time: Applicant notified _____

Date and time: Applicant accepted _____

Position offered: _____

Salary step and level: _____