

St. Elizabeth R-IV School District

PO BOX 68
240 Church Street
St. Elizabeth, MO 65075
573-493-2246

APPLICATION FOR A CERTIFICATED POSITION

The School District considers applications for all positions without regard to race, color, religion, sex, national origin or disability. If you have a disability or handicap which may require accommodation 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 inquiries, complaints or concerns about any pre-employment procedure or requirement, including completing this application, or about the District policy of non-discrimination, you may contact Doug Kempker at 573-493-2246.

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

Date		Social Security Number
Last Name:	First Name:	Middle Name:
Other Names that may appear on your transcripts or records:		
Current Address (Street, City, State, Zip)		
Current Phone:		
Permanent Address (Street, City, State, Zip)		
Permanent Phone:		
Date Available:		

Certification Please include type (Life, PC1, etc)

States:	Subject(s):	Grade Level(s)	Expiration Date(s):

Other information regarding your certification and/or certification status:

Position(s) for which you are applying:

Subjects(s):

Grade Level(s):

Are you available for: _____ substitute teaching _____ Paraprofessional

Extra duty positions you may be interested in sponsoring or coaching:

Educational Preparation

	Name of School	Dates Attended	Major	Overall GPA
High School				
Colleges/ Universities				

Teaching Experiences (If non, list student teaching experience):

District Name & Location	Position	Dates of Employment	Number of Years	Supervisor	Phone

Other Work Experiences

Employer Name & Location	Position	Dates of Employment	Number of Years	Supervisor	Phone

References

Name	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)
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)
3. Have 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 have engaged in physical, emotional, psychological or sexual abuse or neglect of a child?
4. Have you ever failed to be re-employed by an educational institution?

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

Applicant Questions

Please respond to the following questions in your own handwriting.

1. Why have you chosen teaching as your profession?
2. What student outcomes would you strive for as a teacher?
3. Write a brief autobiography focusing on the important people and events in your life.

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 work 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 *****

Position offered:	
Salary Step and Level:	
Name	Social Security #

	Date Received	
Application	Credentials	Transcripts
Date Interviewed:		
Interviewed By:		
Date and Time Applicant Notified:		
Date and Time Applicant Accepted:		