

**CHILHOWEE R-IV SCHOOL DISTRICT**  
**101 SW STATE ROUTE 2**  
**CHILHOWEE, MO 64733**  
**660-678-2511**

**APPLICATION FOR A 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 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 any inquires, complains or concerns about any pre-employment procedure or requirement, including completing this application, or about the District policy of non-discrimination, you may contact the Superintendent at (660)678-2511.

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

Date \_\_\_\_\_

Last Name	First Name	Middle Name
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Other names that may appear on your transcripts or records:

Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Current Phone(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Permanent Phone(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date Available \_\_\_\_\_

Certification: Type \_\_\_\_\_ (Life, PC1, Etc.) Other \_\_\_\_\_

State(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Expiration date(s) \_\_\_\_\_

Other information regarding your Certification and/or certification status: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Subject(s): \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

Are you available for substitute teaching? \_\_\_\_\_ Paraprofessional? \_\_\_\_\_

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

**Educational Preparation:**

	Name & Location	Dates of Attendance	Name of Degree	Major	Overall GPA
High School		N/A	N/A	N/A	N/A
Colleges/ Universities					

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

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

## Other Work Experience:

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. Has t he Missouri Division of Family Services or a similar agency in any other state or jurisdiction, ever issued a determination or find 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 and educational institution? \_\_\_\_\_

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

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**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 and 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 the answers given in the 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 the 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 June 30<sup>th</sup>. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_

Signature

Date

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Do Not Write Below This Line – For Administrative Use Only

Date Received: Application\_\_\_\_\_ Credentials\_\_\_\_\_ Transcripts\_\_\_\_\_

Date interviewed:\_\_\_\_\_ Interviewed by:\_\_\_\_\_

Date and time: Applicant notified\_\_\_\_\_

Date and time: Applicant accepted\_\_\_\_\_

Position offered:\_\_\_\_\_

Salary step and level:\_\_\_\_\_

