

LAQUEY R-V 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 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 Dr. Randy Caffey at 573-765-3716.

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

Other names that may appear on your transcripts or records:

Social Security Number _____ Date of Birth _____

Current Address _____

Street City State Zip

Current Phone _____ Home _____ Cell _____

Permanent Address _____

Street City State Zip

Permanent Phone _____

Date Available _____

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

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

Other Work Experience:

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

References:

Name	Address	Phone	Position

Pre-Employment Background information questions: (Please answer all questions in this section)

PREVIOUS ADDRESSES (most recent first)

Street	City	State	Zip	County
Street	City	State	Zip	County
Street	City	State	Zip	County

Previous Legal Names _____ Date of Birth ____/____/_____

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 NO**

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 NO**

Has 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 have engaged in physical, emotional, psychological or sexual abuse or neglect of a child? **YES NO**

Have you ever failed to be re-employed by an educational institution? **YES NO**

Have you ever been asked to resign from a teaching/coaching position? **YES NO**

Have you ever been denied a teaching certificate or had a teaching certificate revoked? **YES NO**

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

Do you have a Facebook account? **YES NO**

READ CAREFULLY BEFORE SIGNING

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment: (Initial by each)

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. _____ (Initial)

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. _____ (Initial)

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. _____ (Initial)

4. I understand that this application will be considered active through June 30th. I understand that if I wish my candidacy to remain open after that date I must submit another application. _____ (Initial)

Signature

Date

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: _____

