

**Summersville R-II Schools  
Application for Support Staff**

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P.O. Box 198  
Summersville, MO 65571  
417-932-4045  
FAX: 417-932-5360

The Summersville R-II 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 requirements), please make us aware of any accommodations 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 the Superintendent at 417-932-4045

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

\_\_\_\_\_

Skills you possess pertaining to the position(s) for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION

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

### WORK EXPERIENCE

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

REFERENCES

NAME	ADDRESS	PHONE	POSITION

EMPLOYMENT QUESTIONS

- Circle “yes” or “no” after each question

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 / 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 / NO

3. 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

4. Have you ever failed to be re-employed by an employer? YES / NO

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 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 record 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 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:	
APPLICANT NOTIFIED:	Date and Time:	APPLICANT ACCEPTED:	Date and Time:
POSITION OFFERED:			
SALARY STEP AND LEVEL:			

APPLICANT QUESTIONS

*Please respond to the following questions in your own handwriting.*

1. Why have you chosen the position for which you are applying as your profession?

2. Describe how you would be able to help the students in our School District.