



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 interested in sponsoring or coaching:  
\_\_\_\_\_

**EDUCATIONAL PREPARATION:**

	NAME AND 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 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



**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:**

Name \_\_\_\_\_

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

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?