Summersville R-II Schools
Application for Certified Position

P O Box 198
Summersville, MO 65571
417-932-4045

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

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 ( ) _____ - _____

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 certificate 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 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

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 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? _____
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:

_____

_____

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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 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

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?