SALISBURY R-IV SCHOOLS SALISBURY, MISSOURI

Application for Professional Position

Please return completed application to:

Superintendent of Schools Salisbury R-IV Schools 1000 S. Maple Avenue

Salisbury, MO 65281 660-388-6699

NOTICE TO APPLICANT: This applicant will be considered when vacancies occur. The applicant should exercise the greatest care in preparing this form. Information given herein is in the nature of a representation and if incorrect may constitute sufficient cause for cancellation of the contract in case of election.

Application should be typewritten or completed in black (ball point pen) ink.

Date of application						
(Last name)	(First name)		(1)	(Middle name)		
Present address						
Present address	(street)	(city)	(state)	(zip code)		
Telephone number ()					
		I. POSITION	N DESIRED			
Position applying for:	-					
Indicate any activities	you might be a	ble to sponsor or coach	Marie Control of the			
*						
Missouri retirement nu	umber		NAL DATA			
		ations?				
Other organizations?						
Special recognitions: Professional:						
Other:						
Youth groups with wh		orked:				

Have you ever failed to be re-employed? Yes No If yes, where?
If yes, please state reason.
How long do you plan to reside in Salisbury?
Have you ever been convicted of a felony?
If presently employed, what is your job?
Present annual salary \$
III. CERTIFICATION
Missouri school law requires all teachers in Missouri Public Schools to hold a valid teaching certificate.
Do you hold a permanent Missouri Certificate? Yes No
If you do not hold a permanent Missouri Certificate, will you qualify for one by the opening of school? Yes No
If you hold a temporary certificate, give date of expiration:
Indicate level of certification (list subjects of areas of certification if secondary). Be specific.
IV. EDUCATION
Name of School and Location. Include High School, College, Semester Degree or Diploma MAJOR MINOR

Name of School and Location. Include High School, College, Graduate Work and Summer Sessions in Order Taken	Semester Hours Credit	Degree or Diploma	MAJOR SUBJECT And Semester Hours Credit	MINOR SUBJECT And Semester Hours Credit

V. PROFESSIONAL EXPERIENCE

List all professional experience for which you were reimbursed.

Name & Location of School	Dates	Contracted for How many Months/year	No. of Teachers in System	NATURE OF WORK If grades, specify what grades and subjects. If high school, the subjects taught and any extra curricular work handled.

VI. STUDENT TEACHING

Name & Location of School	From (month & year)	To (month & year)	Grade and/or Subject	Cooperating Teache

VII. ADDITIONAL INFORMATION

REFERENCES: (Please do not list relatives)

Name	Address	Occupation	Telephone Number

Please list any information you believe may strengthen your application:
The applicant must file with the Superintendent's Office a transcript of college and university credit earned and a copy of official placement papers. An application may be renewed by contacting the Office of the Superintendent.
If employed by the Salisbury R-IV Board of Education, I will support the school district's educational program, policies, rules and regulations.
Signature of Applicant

The Salisbury R-IV School District does not discriminate on the basis of sex, race, creed, color, national origin or handicap—

In the recruitment, selection, treatment, and promotion of employees

In the admission and participation of students in the educational programs or activities

In vocational opportunities

In the treatment, counseling, and placement of students

Concerns or complaints regarding possible discrimination should be directed to:

Title IX Director Salisbury R-IV High School 1000 S. Maple Avenue P.O. Box 314 Salisbury, MO 65281 660-388-6442