

Application for Certified Teaching Position

Marshall Public School District

860 W. Vest

Marshall, MO 65340

(660)886-7414

We afford equal opportunity to qualified individuals regardless of their age, race, color, national origin, ancestry, religion, socio-economic status, marital status, sex, handicaps or memberships in legally constituted organizations to the extent required by all applicable laws.

(Please Print or Type)

POSITION DESIRED

<input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary School (K-4) <input type="checkbox"/> Middle School (5-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Vocational/Career Center (9-12) <input type="checkbox"/> Special Education <input type="checkbox"/> Other Teaching Position	Grade: Subject Area:
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PERSONAL INFORMATION

Name:	Date of Application:
Present Address:	
Telephone Number(s)	Social Security Number (Optional)
Permanent Address (if not same as above)	
Permanent Telephone Numbers (if not same as above)	
E-mail Address (Optional):	

Are you a United States citizen or able to work legally in this country? Yes No
 Have you ever been convicted of a crime? Yes No
 Are you presently under contract with any school district for next year? Yes No

Present Position

Are you willing to accept after-school responsibilities? Yes No

What activities do you feel qualified to sponsor/coach?

Date available for employment

Missouri Retirement System Number:

NOTE: Mark X in the blank if you have never belonged to the System or if your contribution has been withdrawn.

Certification Area	Grade Levels	Life or Date Certification Expires

EDUCATIONAL BACKGROUND

Name/Location	Dates Attended	Graduation Date	Degree	Credit Hours Earned

PROFESSIONAL BACKGROUND (Teaching/Administrative Experience)

NOTE: Begin with most recent

Name/Location	Assignment	Years Completed	Supervisor/Phone No.	Reason for Leaving

WORK EXPERIENCE (Other than Teaching)

NOTE: Begin with most recent

Name/Location	Period of Service	Type of Work	Reason for Leaving

PROFESSIONAL MEMBERSHIPS

REFERENCES

List at least three references, especially supervisors, principals or superintendents under whom you have taught, who are qualified to answer questions concerning your fitness for the position you seek.

Name	Present Address	Phone Number	Official Position and Dates Acquainted With Your Work

ADDITIONAL INFORMATION

Briefly state what you feel you can contribute as an employee for the Marshall Public School District in the position for which you are applying.

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Marshall Public School District which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the Marshall Public School District now in force and effect or as they may change during my employment, if I am employed by the District. I also hereby authorize the District to

conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liabilities in connection with its release or use.

Signature of Applicant

Date