

Hardin-Central C-2 School District
500 NE 1st Street, P.O. Box 548
Hardin, Missouri 64035
(660) 398-4394

APPLICATION FOR SUPPORT STAFF POSITION

The Hardin-Central C-2 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 requirement), please make us aware of any accommodation 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 of Schools at (660) 398-4394.

Applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary.

Date of Application: _____

Position(s) for which you are applying: _____

Full Legal Name: _____

Former Names: _____
List all former or maiden names which may appear on your transcripts or records.

Social Security Number: _____

Current Street Address: _____

Permanent Address: _____

Home Phone: _____ **Cell Phone:** _____

Date Available: _____

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

Educational Preparation

High School

Name and Location: _____

**Colleges,
Universities, &
Trade Schools**

Name and Location: _____

Dates of Attendance: _____

Degree: _____ Overall GPA: _____

Major: _____

Name and Location: _____

Dates of Attendance: _____

Degree: _____ Overall GPA: _____

Major: _____

Name and Location: _____

Dates of Attendance: _____

Degree: _____ Overall GPA: _____

Major: _____

Work Experience

Employer Name and Location: _____

Position: _____

Dates of Employment: _____

Supervisor: _____ Supervisor Phone: _____

Employer Name and Location: _____

Position: _____

Dates of Employment: _____

Supervisor: _____ Supervisor Phone: _____

Employer Name and Location: _____

Position: _____

Dates of Employment: _____

Supervisor: _____ Supervisor Phone: _____

References

Name: _____

Company/Position: _____ Phone: _____

Address: _____

Name: _____

Company/Position: _____ Phone: _____

Address: _____

Name: _____

Company/Position: _____ Phone: _____

Address: _____

Employment Questions:

- | | | |
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| 1. Have you ever been arrested for, 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 educational institution? | Yes | No |

If the answer to any of the above questions is "yes," please explain. Use a separate sheet if necessary. _____

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 records 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 that I am employed by the Hardin-Central C-2 School 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 September 30th.** I understand that if I wish my candidacy to remain open after that date, I must submit another application.

Signature

Date

*Please note that the Hardin-Central C-2 School District is an **Equal Opportunity Employer**. It is the policy of the Hardin-Central C-2 School District not to discriminate on the basis of race, color, creed, gender, or disabilities in its education programs, activities, or employment practices. Inquiries by applicants or employees regarding the Hardin-Central C-2 School District's nondiscrimination policies should be directed to the Superintendent's office at 500 NE 1st Street, Hardin, Missouri 64035.*