Dadeville R-II School District P.O. Box 188 Dadeville, MO 65635

Non-Certified Application

(Please type or print)

			Date	
NAME		er.		
Last	Fi	irst	MI	
SOCIAL SECURITY # Have you been convicted o	ve you been convicted of a felony?		Date of Birt	
	(a bac	ekground check is	required for all	new employees)
PERMANENT ADDRESS				
× ×	Street	City	State	Zip Code
TELEPHONE		***		
Position you are applying f	or			
Previous Work Experience Name of Business	Beginning V		- I - I	s of Employment
List three references: Name		ddress	Phon	ne
I certify that I have read e complete. I understand tha misleading answer will be termination of my employm	ach question t omission of grounds fo	of any information	at every answe	se inaccūrate or
	Sig	gnature		
Other comments you would				
(Prospective employees will recolor, sex, age, national origin	eceive conside	eration without dischandicap.)	crimination beca	use of race, creed,