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

CERTIFICATED EMPLOYEE APPLICATION (Please type or print)

				Date
NAME				
Last	First		Middle	
SOCIAL SECURITY NUMBERrequired for all new employees)			_(Background check is	
PERMANENT ADDRESS				
	Street	City	State	Zip Code
TELEPHONE Area Code				
Area Code	Home		Area Code	School/Business
What year did you receive your tea	aching certificat	:e?		
List grade levels of your teaching c	ertificate:			
List all colleges from which you ha Name of College	ive received a do	egree:	Degree	Date
				object of
Undergraduate Major				
Undergraduate Minor				
Graduate Level Area				
Number of years prior teaching exp				
List your teaching experience:				-
School	Address or pho	ne	-	Date
List any extra-curricular activities in	n which you hav	e been in	volved	

Make a brief comment on your philose	ophy of education		
List three professional references: Name	Position	Address	Phone
List three personal references:			
Name	Position	Address	Phone
When would you be available for an in			
I certify that I have read each question understand that omission of any inform grounds for refusal to hire, or if I have	nation and/or any false	maccurate or miclanding on	iplete. I Iswer will be
	Signatu	re	
Other comments you would like to mal	ce:		

(Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, or handicap)