



Bowling Green R-1 School District

700 West Adams Street
Bowling Green, MO 63334

www.bgschools.k12.mo.us

Phone: (573) 324-5441

Fax: (573) 324-2439

**Every person.....every student.....every second.....every day!
Preparing today's students for tomorrow's unknown opportunities.**

SUPPORT STAFF APPLICATION FORM

PERSONAL DATA

(Last Name) (First Name) (Middle Name)

Address: _____ City: _____

State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

POSITION DESIRED

All applicants should mark first choice (1), second choice (2), etc.

___Custodial

___Secretarial

___Paraprofessional

___Maintenance

GENERAL INFORMATION AND CERTIFICATION

Are you currently employed: Yes _____ No _____ If yes, where: _____

Information on last (if unemployed) or current employer:

Address: _____

Time employed there: _____	Phone Number: _____	Supervisor: _____
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Nature of current job: _____

Why do you wish to leave your present position: _____

Why do you wish to teach in Bowling Green: _____

Salary received at last or current job: _____ Date available to start: _____

Have you been charged with or convicted of a felony : Yes____No_____If yes, please provide when, where, and the reason(s):_____

Have you ever been asked to resign: Yes_No_____

Why do you wish to leave your present position:_____

WORK EXPERIENCE

List any prior employment experience:

Name of Business and Location	Start Date	End Date	Salary	Job Duties	Reason for Leaving

List any experience you have had in volunteering with children besides you educational experiences:

Name of firm or institution and location	Date inclusive	# of Months	Age Levels	Description of Experience

Community organizations to which you belong or in which you take an active part:

REFERENCES

These should be persons qualified to answer concerning your fitness for the position you seek. Include especially supervisors under whom you have worked. Indicate any references that are related to you.

Name	Address	Telephone	Occupation

EDUCATION OR TRAINING EXPERIENCE

High School: _____

Address _____ Date of Graduation _____

GED Completion: Yes ___ No ___ Not Applicable ___

If yes, date received GED: _____

College:

Name and Address of Institution	Dates Attended	Date of Graduation	Degree	Major Subject matter	No. Semester Hours	Minor Subject Matter	No. Semester Hours

Vocational-Technical Training:

Name and Address of Institution	Dates Attended	Date of Completion

