

Buchanan County R-IV School District
702 Main Street
DeKalb MO 64440
Phone (816) 685-3160
hr@bcr4.org

SUBSTITUTE TEACHER APPLICATION

Last Name First Name Middle Name (Maiden)

Other names that may appear on your transcripts or records:

Social Security Number _____ - _____ - _____

Current Address

Permanent Address

Current Phone (_____) _____ - _____ email: _____

Do you have a Missouri Teaching Certification: _____

Missouri Substitute Teacher Certificate: (Please provide a printed copy from Missouri Dept. of Education)

Education:

COLLEGES / UNIVERSITIES	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	Semester Hours
HIGH SCHOOL					

Substitute teaching preference: _____ Elementary _____ MS/HS _____ Both

Employment Questions:

1. Have you ever been arrested for, or 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)_____
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)_____
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?

4. Have you ever failed to be re-employed by an educational institution?_____

If the answer to any of the foregoing 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 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 I am employed by the 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.

Signature

Date

The School District considers applicants for all positions without regard to race, color, religion, sex, disability, national origin, age marital or veteran status. 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 no-discrimination, you may contact the Superintendent at Buchanan County R-IV School District.

Return completed application to Superintendent’s Office at above address or email. Please call for required Background check information and forms.