Position Desired Date

210 West Patton Street Sturgeon, MO 65284

Phone: 573-687-3515 Fax: 573-687-2116

Sturgeon R-V Is An Equal Opportunity Employer

Application For A Certified Position

The 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's office at

(Last Name)	(Fi	rst Name)	(Middle Name)
(Street)	(City)	(State) (Zip Co	ode) (A/C Telephone)
Other names that may appear	on your transc	ripts or records:	·
Social Security Number			
D-4- A1-1-1-			
Date Available			
Name and address of person v			. (Do not list spouse)
	vho will alway		(Middle Name)
Name and address of person v	vho will alway	s know your address	(Middle Name)
Name and address of person v (Last Name)	vho will alway (Fi	rs know your address	(Middle Name)

Certification: Type	(Life, PCI, Etc.) Other
	Subject(s)
	Expiration date(s)
	cation and/or certification status:
Subject(s)	
Grade Level(s)	
	Paraprofessional?
	sponsoring or coaching
Educational Preparation: High School, Undergraduate and Graduat Name of High School, College And/or University Location	Dates Sem
The applicant must file with the Superinte university credit earned and a copy of place	endent's Office a copy of the transcript of college and cement file papers.
Undergraduate G.P.A.:	
High School and College activities in whi	

Teaching Experience (If none, list student teaching experience):

District Name & Location	Position	Dates of Employment	Number of Years	Supervisor	Phone
				-	
Other Work Experience:					
Employer Name		Dates of	Number of		
& Location	Position	Employment	Years	Supervisor	Phone
	· · · · · · · · · · · · · · · · · · ·				
References:					
Name	Address		Phone	Position	
			Thone	1 03111011	
					
			1000		

In your own handwriting state the reasons you are interested in this school district and further information which you believe may strengthen your application (i.e. additional areas of certification):

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 t	he answer to any of the foregoing questions is "yes" please explain; use a separate sheet if cessary:

CONSENT FORM

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 check 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.

4. I understand that this application will be considered active for one year. I understand if I

Social Security Nun	nber	-	Birthdate
<u>Do No</u>	Write Below T	<u>'his Line – For Adm</u>	inistrative Use Only
Date Received: App	plication	Credentials	Transcripts
Date Interviewed:		Intervie	wed by:
Data and Times	Applicant n	otified	
Date and Time.			
	Applicant a	ccepted	
Date and Time:		ccepted	

Salary step and level: