Greenfield R-IV School District

Dr. Chris Kell, Superintendent

www.greenfieldr4.org

410 West College Street Greenfield, Missouri 65661

Phone: 417 637 5321

Dear Applicant:

Thank you for your interest in applying for a position with the Greenfield R-IV School District.

We ask that all applicants include the following items when applying for employment:

- 1. A completed district application.
- 2. A letter of application. Include reasons for interest in the position and a description of significant accomplishments during your career.
- 3. A copy of your Missouri administrative and teaching certificate or verification of eligibility for a Missouri administrative or teaching certificate
- 4. A copy of your latest transcript(s) with the application. An official copy of your transcript(s) will be required if you are employed.
- 5. A current resume and three recent letters of recommendation.

Your application will become active once all of the above information has been received by Dr. Chris Kell, Greenfield Superintendent, 410 West College Street, Greenfield, MO 65661. Your application will remain on file in the Central Office for one year.

The hiring of all personnel is contingent upon a successful background check. Thank you again for your interest and we will look forward to receiving your application.

Sincerely,

Chris Kell, Ed.D. Superintendent Greenfield R-IV

GREENFIELD R-IV SCHOOL DISTRICT 410 WEST COLLEGE STREET GREENFIELD, MISSOURI 65661

APPLICATION FOR EMPLOYMENT - CERTIFIED

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.

All applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary.

applicable when	C HCCCSSai	y		
Date				
Last Name		First Name		Middle Name
Other names the	at may anr	pear on your transcripts or rec	cords:	
Other manies the	at may app	car on your transcripts of rec	cords.	
A 11	C4 4	C:4	Ct-t-	7:
Address:	Street	City	State	Zip
Phone		Ema		
THORE		Lilla	ш	
Certification: 7	'ype	(Life, PCI, etc.) Other		
State(s)		Subject(s) Area(s)		
		-		
Grade Level(s)		Expiration date(s)		
Grade Lever(s)		Expiration date(s)		
Other informati	on regardi	ng your certification and/or of	certification statu	s:

Position for which you	u are applying	:			
Administration Exper	rience:				
District Name & Address	Position	Dates of Employment	Number of Years	Supervisor	Phone
Teaching Experience:					•
District Name & Address	Position	Dates of Employment	Number of Years	Supervisor	Phone
Educational Preparat	ions:				
	Name & Location	Dates of Attendance	Name of Degree	,	Overall GPA
High School		N/A	N/A	N/A	N/A
Colleges/ Universities					

Name	Address	Phone	Position
	ns: rrested for, or charged with or co ses for which you were not sente Please state Yes or No:		
	ed guilty or no contest to a felony ot sentenced to jail or for which the Please state Yes or No:		
urisdiction, ever issu	ision of Family Services or a simed a determination or finding of ophysical, emotional, psychologic Please state Yes or No:	cause or reason to be	lieve or suspect that
Have you ever failed	to be re-employed by an education Please state Yes or No:	onal institution?	
	of the foregoing questions is "yes"	" please explain; use	a separate sheet if
If the answer to any conecessary:			
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1.

2.

3.

4.

READ CAREFULLY BEFORE SIGNING

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

- I hereby authorize my current and former employers and references to furnish any
 information concerning my character, personality, scholarship and general ability. I
 hereby release current and prior employers, including school districts, and references
 from any and all liabilities or damage of any nature as a result of providing such
 information and authorize same to furnish any information about me and my work
 performance, including but not limited to discipline records and performance evaluations.
 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 checked, 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 the 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 until the position is filled.

Signature	Date

Do Not Write Below This Line – For A	Administrative Use Only
Date received: Application Credential	s Transcripts
Date interviewed: Interviewed by	:
Position offered:	
Salary:	
Date and time Applicant notified	
Date and time Applicant accepted	

APPLICANT QUESTIONS

Name:	Date:
Please res	pond to the following questions in your own handwriting.
1.	Why did you decide to become a teacher and why are you seeking this position?
2.	What student outcomes would you strive for as a classroom teacher?
3	Write a brief autobiography focusing on the important people and events in your
3.	life.