

WHEATON R-III SCHOOL DISTRICT
PO BOX 249
116 McCall Street
Wheaton MO 64874

APPLICATION FOR CERTIFIED POSITION

Name _____
(include prefix and name in full)

Present Address _____

Home Phone Number (_____) _____ - _____

Cell Phone Number (_____) _____ - _____

Permanent Address _____

POSITION DESIRED	list subjects in order of preference.		
	First Choice	Second Choice	Third Choice
Elementary			
JR High			
High School			
Other Positions (Administration, Counseling, etc.)			
List extracurricular activities you could sponsor			

It is the policy of the Wheaton R-III School District not to discriminate on the basis of race, color, creed, gender, or disabilities in its education programs, activities, or employment practices. Inquiries by applicants or employees regarding Wheaton R-III School District's non-discrimination policies should be directed to the superintendent's office at the address indicated below.

Return Application To:
Wheaton R-III School District
PO Box 249
Wheaton MO 64874

EDUCATIONAL AND PROFESSIONAL TRAINING

List in order of attendance, beginning with high school, those schools at which your formal education has been received.

Name and Location of School	Calendar Years Attended, Inclusive	Diploma or Degree	Major	Minor

REFERENCES

In addition to recommendations in your Placement File, list other person who have knowledge of your professional ability (administrators, directors, or others who know you well).

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>OFFICIAL POSITION</u>

If a beginning teacher, provide information below in reference to student teaching experience:

Grades or Subjects _____ Semester Hours _____
Dates of Teaching _____ Schools to Which Assigned _____

TEACHING EXPERINCE

List chronologically, only contracted full-time experience with more recent experience recorded first. If additional space is required, attach a separate sheet paper.

Name and location of School	Grades or Subject taught	Dates	Number of Inclusive Years

Total Number of Years

PERSONAL DATA

Social Security Number _____ Missouri Retirement System Number _____

Note: Mark X in the blank if you have never belonged to the System or if your contribution had never been withdrawn

In accordance with Federal guidelines,

Are you a United States citizen? _____ Yes _____ No. Date of Birth: _____

If "Yes" in addition to the above Social Security number, please list your State Driver's License Number, _____
State Number

If "No" you must provide documentation verifying that you are not an unauthorized alien in this country.

Do you now hold a teaching certificate valid in Missouri? _____ Type of Certificate _____

If certified in other states, name state and certificate privileges. _____

Present Salary _____ When could you begin assignment here? _____

List college or community activities in which you have engaged during the past five years: _____

Have you ever been discharged or asked to resign from a position? _____

Have you ever been convicted of a crime? Write Yes or No _____

Signature _____ Date _____