# CHILHOWEE R-IV SCHOOL DISTRICT

# 101 SW STATE ROUTE 2

**CHILHOWEE, MO 64733**

**660-678-2511**

**APPLICATION FOR CERTIFICATED 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 inquires, 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 at (660) 678-2511.

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

**DATE**:

**Personal Information**:

Name:

Last First M.I.

Other names that may appear on your transcripts or records:

Social Security Number: -- --

Address:

Street City State Zip

Phone: ( ) -

E-mail Address:

Date Available:

**Certification**: Type: (i.e. Provisional, Initial, Continuous, Life, etc.)

Other Certifications:

State(s): Subject(s):

Grade Level(s): Expiration date:

Other information regarding your certification and/or certification status:

Position(s) for which you are applying:

Subject(s):

Extra Duty Positions you may be interested in sponsoring or coaching:

**Educational Preparation**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name & Location | Dates of Attendance | Degree Earned | Major | Overall GPA |
| High School |  | N/A | N/A | N/A | N/A |
| College/ University |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

High school or university honors and organizations:

**Teaching Experience:** (list student teaching experience if new to teaching)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| District Name & Location | Position | Dates of Employment month/year-month-year | Supervisor | Phone Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Work Experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name & Location | Position | Dates of Employment month/year-month-year | Supervisor | Phone Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**References**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Position |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employment Questions:**

1. Have you ever been arrested for, 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 find 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 signed a separation agreement, been non-renewed, asked to resign, or failed to be re-employed by another school or 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 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 checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.
3. I certify the answers given in the 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 through June 30th. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Do Not Write Below This Line – For Administrative Use Only

Date Received: Application Credentials Transcripts

Date interviewed: Interviewed by:

Date and time: Applicant notified\_

Date and time: Applicant accepted

Position offered:

Salary step and level:

# APPLICANT QUESTIONS

Name:

Please respond to the following questions.

1. Why have you chosen teaching as your profession?
2. What student outcomes would you strive for as a teacher?
3. Write a brief autobiography focusing on the important people and events in your life.