



SMITHTON R-VI SCHOOL DISTRICT

505 S. Myrtle · Smithton, MO 65350 · (660)343-5316

EQUAL OPPORTUNITY EMPLOYER
WE ARE REQUIRED TO PARTICIPATE IN E-VERIFY

APPLICATION SUPPORT STAFF

Notice to Applicant:

Smithton R-VI School District considers applicants for all positions without regard to race, sex, age, national origin, religion, disability, or status as a veteran. If you have a disability or handicap, which may require accommodations 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 at 660-343-5316.

This application will be placed on file and considered when a vacancy occurs. It must be complete and accurate in every detail. A personal interview is required prior to appointment to the position. Please include a resume with the application. The application will not be returned, but will remain in the active file for one year. Should you be selected for an interview, you will be notified.

APPLICANT INFORMATION

Date: _____ Social Security Number: _____

Name: _____

Last Name	First Name	M.I.
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Street Address	City	State	Zip	Phone
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Email Address: _____

Name & address of a person who will always know your address: (Do not list spouse.)

Name	Street	City	State	Zip	Phone
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Position Desired (Indicate Subject Area & Grade Level): _____

What extracurricular activities would you be willing to sponsor? _____

Are you legally authorized to work in the United States on a full-time basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever been asked to resign or not been reappointed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, explain: _____

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.)

YES

NO

This question must be answered.

Have you ever plead guilty or nolo contendere (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.)

YES

NO

This question must be answered.

Has the Missouri Department of Family Services or a similar agency in any other state or jurisdiction ever issued a determination of finding of cause or reason to believe or suspect that you had engaged in the physical, emotional, psychological, or sexual abuse or neglect of a child?

YES

NO

This question must be answered.

**If the answer to any of the previous questions is "YES", please explain.
(You may use a separate sheet of paper.)**

CERTIFICATION

List State(s) In Which Certified	Area Certified	Grade Level	Type of Certification	Please check all that apply regarding your certification		
				Current	Expired	Pending
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

Type of School	School Name	Major Subject	Semester Hours in Major	Type of Degree Received	Total Semester Hours in Each School
High School					
College/Univ.					
Graduate Work					

List all Praxis/MEGA Exams passed:

WORK EXPERIENCE IN EDUCATION - List All

Name, City, State of School District	Phone	Grade or Subject
Total years teaching experience:		Total years administrative experience:

If you have less than five years teaching experience, complete the following:

Where did you do your observation(s) and student teaching?

Name and address of school where student teaching was completed:

Date student teaching completed: Supervising Teacher:

OTHER WORK EXPERIENCE

(Complete this section if you have less than five years teaching experience or any lapse in your teaching experience.)

Employer Name/Phone	Immediate Supervisor	Position

REFERENCES

List at least three persons. Do not include relatives.

Name	Address	Phone	Position

I am requesting this application and my candidacy be held in confidence. YES NO

STATEMENT

I hereby authorize Smithton R-VI School District to contact past and/or present employers to verify employment, attendance, work habits, and complete a background check of all records to arrests, criminal convictions, and child abuse or neglect reports. In addition, I hereby authorize investigation of all statements in this application and understand that misrepresentation or omission of facts is cause for dismissal anytime during my employment period.

I understand that employment with Smithton R-VI School District is contingent upon the satisfactory outcome of a criminal fingerprint background report from the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI). I understand that an unsatisfactory criminal records history or child abuse/neglect history is grounds for termination of my employment with the Smithton School District. I understand that the Board of Education will make the ultimate decision as to whether a particular applicant or employee's criminal record or child abuse/neglect history is unsatisfactory.

I understand the Board of Education shall not tolerate the unlawful manufacture, use, possession, sale, distribution, or being under the influence of drugs or controlled substances; nor shall the Board tolerate the unlawful use, or being under the influence of alcohol by an on-duty employee. Any employee who violates this policy will be subject to disciplinary action which may include employment termination and referral for prosecution. As a condition of employment, the employee must abide by the terms of this policy and will notify the superintendent of any criminal drug statute conviction for a violation occurring in or on the premises of this school district or while engaged in regular employment.

Should I be employed by Smithton R-VI School District, I will support the educational program and follow all rules and regulations of the District. I agree to promptly notify the District of any changes of address during my employment. I agree to release the District from liability for disclosure of employment information for future employment reference checks.

Signature of Applicant: _____

Date: _____

DO NOT WRITE BELOW THIS LINE – FOR ADMINISTRATIVE USE ONLY

Date Documents Below Received:

Application: _____ Credentials: _____ Transcripts: _____

Date Interviewed: _____

Interview Team: _____

Date and Time Applicant Notified: _____

Date and Time Applicant Accepted: _____

Position Offered: _____

Years Taught in Missouri: _____

Salary Step and Level: _____