

## SMITHTON R-VI SCHOOL DISTRICT

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

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

## **APPLICATION CERTIFIED 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.

	АР	PLICANT INFOR	RMATION		
Date:	ate:Social Security Number:				
Name:					
Last Nar	me	First Name			M.I.
Street Address		City	State	Zip	Phone
Email Address:					
	s of a person who will a		ddress: (Do no	-	•
Name	Street	City		State Zip	Phone
Position Desired Subject Area &					
What extracurrion would you be wi	cular activities illing to sponsor?				
Are you legally a	authorized to work in the	e United States on	a full-time bas	sis? YES	NO
Have you ever b	peen asked to resign or	not been reappoin	ted?	YES	NO
If yes, explain:					

Type of School  High School  College/Uni  Graduate Work	School Name	EDUCATIO  Major Su	Certifi		s in	certificati nt Expired  Type of Degree Received	Pending  Pending  Total Semester Hours in Each School
Type of School High School	School Name	EDUCATIO	Certifi	Seme Hour	ster s in	Type of Degree	Pending  D D Total Semester Hours in Each
Type of School	School Name	EDUCATIO	Certifi	Seme Hour	ster s in	Type of Degree	Pending  D D Total Semester Hours in Each
Type of		EDUCATIO	Certifi	Seme Hour	ster s in	Type of Degree	Pending  D D Total Semester Hours in Each
_			Certifi		Curre		
_	Area Gertined	Level			Curre		
_	Area Certified	Level			Curre		
_	Area Certified	Level			Curre		
_	Alea Gertined	Level			Curre		
_	Alea Gertined	Level			Curre		
_	Alea Gertineu	Level			Curre		
List State(s)	Area Certified	Grade	Type of Certification			ease check ply regardii	ng your
	(You may use	a separate s		r paper.	.)		
	If the answer to any of the pre					se explain.	
other state or reason to bel psychologica	ouri Department of Family Service jurisdiction ever issued a determieve or suspect that you had engl, or sexual abuse or neglect of a must be answered.	nination of fir aged in the p	nding of	cause of	or	YES	NO
misdemeano ail or for whic	er plead guilty or nolo contender or? (Exclude traffic offenses for which the fine was less than \$100.00 on must be answered.	nich you wer			d to	YES	NO
This questio	ch the fine was less than \$100.00 n must be answered.					YES	NO
misdemeano	er been arrested for, charged with r? (Exclude traffic offenses for wh						

WORK EX	PERIEN	CE IN EDUCATION - Lis	st All			
Name, City, State of School District		Phone	Grade or St	Grade or Subject		
Total years teaching experience:		Total years adminis	strative experience:			
If you have less than five years tead	china ev	narianca complete the fo	ollowing:			
Where did you do your observation(s) and student teaching?	cining ex	perience, complete the ic	mownig.			
Name and address of school where student teaching was completed:						
Date student teaching completed:	Supervising Date student teaching completed: Teacher:					
0	THER W	ORK EXPERIENCE				
(Complete this section if you have teaching experience.)	less thar	n five years teaching expo	erience or any laps	se in your		
Employer Name/Phone		Immediate Superviso	r Posit	tion		
	RE	FERENCES				
List at leas	t three pe	ersons. Do not include relat	ives.			
Name	Address Phone Position					
-						
-						

## **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 ADM	INISTRATIVE 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:				