

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 for ADMINISTRATIVE 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.

	AF	PPLICANT INFOR	RMATION			
Date:	Social Security Number:					
Name:						
Last Name		First Name		M.I.		
Street Address		City	State	Zip	Phone	
Email Address:						
Name & address of a	person who will a	always know your a	ddress: (Do n	ot list spous State Zip	e.) Phone	
Position Desired (India Subject Area & Grade What extracurricular a would you be willing to	Level):					
Are you legally authorized to work in the United States on a full-time basis?						
Have you ever been asked to resign or not been reappointed?						
If yes, explain:					_	

Graduate								
College/Uni	v.							
High School	ol .							
Type of School	School Name	Major Subject		Semester Hours in Major		De	pe of gree eived	Total Semester Hours in Each School
	E	EDUCATIO	N					
						1	Ш	
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Certified								
List State(s) In Which Certified	Area Certified	Grade Type of Level Certification		ap	Please check all tapply regarding you certification		ig your	
_	CF	RTIFICATION	ON	_			_	_
	If the answer to any of the pre (You may use a					se ex	plain.	
other state of eason to be esychologica	jurisdiction ever issued a determieve or suspect that you had engal, or sexual abuse or neglect of a property of the must be answered.	nination of fin aged in the p	ding of	cause o	or	Y I	ES _	NO
las the Miss	ouri Department of Family Servic	es or a simila	ar agen	cv in an	ıV			
Have you ever plead guilty or nolo contender (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.) This question must be answered.					YI [ES]	NO	
	n <u>must</u> be answered.	,						
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.)					YI [ES]	NO	

WORK	(EXPER	<u>RIENCE I</u>	N EDUCATION - Lis	t All		
Name, City, State of School District		t	Phone	Grade or Subject		
Total years teaching experience	otal years teaching experience:			Total years administrative experience:		
If you have less than five years Where did you do your observation(s) and student	s teachin	ıg experi	ence, complete the fo	llowing:		
teaching?						
Name and address of school where student teaching was completed:						
			Supervising			
Date student teaching completed: Teacher:						
	OTHE	P WOP	K EXPERIENCE			
	OTTIL	IN WOR	I LAI LINILINGE			
(Complete this section if you heaching experience.)				erience or any laps	e in your	
		than five			-	
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teaching experience.) Employer Name/Phone	t least thre	than five	mmediate Supervisor RENCES as. Do not include relat	Positi	-	
teaching experience.) Employer Name/Phone	t least thre	REFER	mmediate Supervisor RENCES as. Do not include relat	Positi	on	
teaching experience.) Employer Name/Phone	t least thre	REFER	mmediate Supervisor RENCES as. Do not include relat	Positi	on	
teaching experience.) Employer Name/Phone	t least thre	REFER	mmediate Supervisor RENCES as. Do not include relat	Positi	ion	
teaching experience.) Employer Name/Phone	t least thre	REFER	mmediate Supervisor RENCES as. Do not include relat	Positi	on	

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:				