

Milan C-2 School District

373 S. Market Street, Milan, MO 63556
(660)265-4414

APPLICATION FOR CERTIFICATED POSITION

The Milan C-2 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 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's Office at 660.265.4414.

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

Date of Application _____

Last Name First Name Middle Name

Other names that may appear on your transcripts or records: _____

Current Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Current Phone _____ Cell Phone _____ Permanent Phone _____

Date Available _____ Position for which you are applying _____

<i>Certification Area</i>	<i>Type</i>	<i>State</i>	<i>Subject</i>	<i>Grade Levels</i>	<i>Expiration Date</i>

Other information regarding your Certification and/or certification status: _____

Are you available for substitute teaching? _____ Paraprofessional? _____

Extra duty positions you may be interested in sponsoring or coaching? _____

Educational Preparation:

	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA
HIGH SCHOOL		N/A	N/A	N/A	N/A
COLLEGES/ UNIVERSITYS					

Teaching Experiences (If none, list student teaching experiences):

DISTRICT NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

Other Work Experiences:

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

REFERENCES:

NAME	ADDRESS	PHONE	POSITION

Writing Sample

In your own handwriting, share with us some of your thoughts regarding Professional Learning Communities (PLC).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Employment Questions

1. Have you ever been arrested for, or 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 finding 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 failed to be re-employed by an 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 that the answers given in this 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 this 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 for one year after submission. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature

Date

INFORMATION FOR APPLICANT – Please make sure all items on the application form have been answered accurately and in detail. In order to be considered for employment, attach a resume and list of references to this application and request copies of your credentials and/or official transcripts be sent to us from your college placement office. This application will remain on file for one year.

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Do Not Write Below THIS LINE – FOR OFFICE USE ONLY

Date Received: Application _____ Certificate _____ Official Transcripts _____

Date Interviewed: _____ Interviewed By _____

Date & Time Applicant Offered Position _____ Date & Time Applicant Accepted Position _____

Position Accepted _____ Extra Duty Accepted: _____

Highest Degree Obtained _____ Salary Step _____

Social Security Number _____ Date of Birth _____

Sex Male or Female _____ Race _____