Buchanan County R-IV School District 702 Main Street DeKalb MO 64440 Phone (816) 685-3160 hr@bcr4.org

APPLICATION FOR A CERTIFICATED POSITION

The School District considers applicants for all positions without regard to race, color, religion, sex, disability, national origin, age marital or veteran status. 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 no-discrimination, you may contact Travis Dittemore at Buchanan County R-IV School District.

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

Date				
Last	Name	First Name	Middle N	ame
Other names that ma	ay appear on your tra	anscripts or records:		
Social Security Nun	nber			
Current Address				
	Street	City	State	Zip
Current Phone (
Permanent Address			-	
	Street	City	State	Zip
Permanent Phone (_		_		
Date Available				

Certification: Type		(Life, PC1	, Etc.) Other			
State(s)	_Subject(s)					
Grade Level(s)			Expiration date(s)			
Other information regarding	g your Certifi	cation and/or co	ertification status	S:		
Position(s) for which you a					<u> </u>	
Subject(s)						
Grade Level(s)						
Are you available for subst						
Extra duty positions you m	ay be interest	ed in sponsorin	g or coaching:			
Educational Preparation:						
	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA	
HIGH SCHOOL						
COLLEGES AND UNIVERSITIES	5					

Teaching Experience (If none, list student teaching experience):

DISTRICT NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE
Other Work Experience:		•			
oner work Experience.					
EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE
References:		1	1		-
Xererences.					
JAME	ADDRESS	РНС	MIC	DOSITION	
NAME	ADDRESS	rhC	MNE	POSITION	

Employment Questions:

1.	Have you ever been arrested for, or charged with or convicted of a felony or misdemeanor's (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 of 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.

Signature		Date	
**************************************		**********	
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:	e:Soc	ial Security#
Please	e respond to the following questions in your own handwriting	ing.
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 pe	eople and events in your life.