Employment

Employment Application - Support Staff

APPLICATION FOR A SUPPORT STAFF SUBSTITUTE POSITION

The 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 Dr. Michael Silvy at 573-779-3446.

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 may appear on y	your transcripts or records:		
Social Security Number			
Current Address	C't-	CALA	7:
Street Current Phone	City	State	Zip
Permanent AddressStreet	City	State	Zip
Permanent Phone			
Date Available			

Position(s) for which you are applying:					
Skills you posses	ss pertaining to	the position(s) fo	r which you ar	e applying:	
Educational Prep	paration:				
	Name & Location	Dates of Attendance	Name of Degree	Major	Overall GPA
High School					
Colleges/ Universities					
Business/ Trade Schools					
Work Experience	ee:				
Employer Name & Location	Position	Dates of Employment	Number of Years	Supervisor	Phone

References:			
Name	Address	Phone	Position
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)
- Has the Missouri Division of Family Services or a similar agency in any other state or 3. 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 through April 30th. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature		Date
	**************************************	**************************************
Date received: Application	Transcripts	Letters of Reference
Date interviewed:	Interviewed by:	
Date and time: Applicant notified		<u></u>
Date and time: Applicant accepted	1	
Position offered:		<u> </u>
Salary step and level:		

APPLICANT OUESTIONS

Name:	:Social Security #
Please	respond to the following questions in your own handwriting.
1.	Why have you chosen the position for which you are applying as your profession?
2.	Describe how you would be able to help the students in our School District.
3.	Write a brief autobiography focusing on the important people and events in your life.