

Calhoun R-VIII Schools

Home of the Eagles
409 South College
Calhoun, MO 65323
PHONE (660) 694-3422
Fax (660) 694-3501

APPLICATION

Thank you for your interest in the Calhoun R-VIII School District. In order for us to process your application, it must be complete and all areas must be signed by the applicant.

A COMPLETE APPLICATION INCLUDES:

- COVER LETTER
- RESUME
- OFFICIAL APPLICATION
- COPIES OF CERTIFICATIONS
- COPIES OF TRANSCRIPTS
- REFERENCES

APPLICATION FOR CERTIFICATED EMPLOYMENT

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 the school Superintendent at (660) 694-3422 x262 or school Principal at (660) 694-3422 x242.

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

Date: _____ Position for which you are applying: _____

Date available for work: _____ Social Security Number: _____

Last Name _____ First Name _____ Middle Initial _____

Other names that that you have used: _____

Current Address: _____

Street _____ City _____ State _____ Zip Code _____

Permanent Address: _____

Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Certification: Type _____ (Life, PC1, Etc.) Other _____

State(s) _____ Subjects(s) _____

Grade Level(s) _____ Expiration date(s) _____

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

Subject(s) _____

Grade Level(s) _____

Are you available for substitute teaching? _____ Para-professional? _____

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

Education:

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

Teaching Experience

(If none, list student teaching experience. If more space is required, please use another page. Please list all teaching experience.):

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

Other work Experience:

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 fines 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 question 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 6 (six) months. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature

Date

.....
Do not write below this line – for administrative use only.

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: _____