

# **Benton County R-2 Schools**

**P.O. Box 39 \* Lincoln, Missouri 65338**  
**Phone 660-547-3514 \* Fax 660-547-3729**

“A+ Designated School”

“Accredited With Distinction”

Website: [www.lincoln.k12.mo.us](http://www.lincoln.k12.mo.us)

Dear Applicant:

Thank you for your interest in applying for the High School Principal position with the Lincoln R-2 School District. We ask that the following items be addressed as a part of the application process:

1. Current resume' which includes education and degree information, teaching experience, and other work experience, references.
2. Complete the enclosed Page 1 and 2 of the application for a certificated position.
3. Complete the enclosed 2 pages of Employment Questionnaire.
4. Enclose a copy of your latest transcript(s) with the application. An official copy of your transcript(s) will be required if you are employed.
5. Employment contract is contingent upon results of the request for child abuse or neglect/criminal record and FBI background check, which includes fingerprint check.

Please return all completed items to the Superintendent of Schools, Lincoln R-2 School, P.O. Box 39, Lincoln, MO 65338.

LINCOLN R-2 SCHOOL DISTRICT  
LINCOLN, MISSOURI

APPLICATION FOR A CERTIFICATED 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 inquires, 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 of Schools at Lincoln R-2 School, P.O. Box 39, Lincoln, MO 65338, 660-547-3514.

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

Date \_\_\_\_\_

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Last Name	First Name	Middle Name
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Other names that may appear on your transcripts or records:

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Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Current Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Permanent Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Available \_\_\_\_\_

LINCOLN R-2 SCHOOL DISTRICT  
LINCOLN, MISSOURI

APPLICATION FOR A CERTIFICATED POSITION

Applicant's Name: \_\_\_\_\_

Certification: Type \_\_\_\_\_ (Life, OCI, Etc.) Other \_\_\_\_\_

State(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Expiration date(s) \_\_\_\_\_

Other information regarding your Certification and/or certification status: \_\_\_\_\_

\_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_