

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

Dear Applicant:

Thank you for your interest in applying for a teaching 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 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 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 _____

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

Social Security Number _____ - _____ - _____

Current Address _____

Street	City	State	Zip
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Current Phone (_____) _____ - _____

Permanent Address _____

Street	City	State	Zip
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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: _____

Subject(s) _____

Grade Level(s) _____

Are you available for substitute teaching? _____ Paraprofessional? _____

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