## Buchanan County R-IV School District 702 Main Street DeKalb MO 64440 Phone (816) 685-3160 Fax (816) 685-3203

## 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 m	nay appear on your tra	anscripts or records:		
Social Security Nur	mber			
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)					
Grade Level(s)					
Other information reg					
Position(s) for which					_
Subject(s)					
Grade Level(s)					
Are you available for	substitute teaching	g?Par	aprofessional?		
Extra duty positions	you may be interest	ed in sponsorin	g or coaching:		
Educational Preparati	ion:				
	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA
HIGH SCHOOL					

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

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

	<u> </u>				<u> </u>
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
			I		
References:					
NAME	ADDRESS	PHC	NE	POSITION	

Employment Questions:
-----------------------

1.	Have you ever been arrested for, or charged with or convicted of a felony or misdem (Exclude traffic offenses for which you were not sentenced to jail or for which the fine w than \$100.00)	
2.	Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude offenses for which you were not sentenced to jail or for which the fine was les \$100.00)	
3.	Has the Missouri Division of Family Services or a similar agency in any other st jurisdiction, ever issued a determination or finding of cause or reason to believe or susper you have engaged in physical, emotional, psychological or sexual abuse or neglect of a	ect that
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 nece	essary:

## 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 sten and level:		

## **APPLICANT QUESTIONS**

Name	Social Security#
Please	respond to the following questions in your own handwriting.
1.	Why have you chosen teaching as your profession?
2.	What student outcomes would you strive for as a teacher?
۷.	what student outcomes would you strive for as a teacher?
3.	Write a brief autobiography focusing on the important people and events in your life.