

MARIONVILLE R-9
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 Larry L. Brown, Superintendent at (417) 258-7755.

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
-----------	------------	-------------

Other names that may appear on your transcripts or records:

Social Security Number _____

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) _____ 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: _____

Educational Preparation:

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

Teaching Experience (If none, list student 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

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

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: _____

