NEW BLOOMFIELD R-III SCHOOLS 307 Redwood Dr. New Bloomfield, MO 65063 Phone 573/491-3700 Fax 573/491-3772

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 accommodations 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 accommodations 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 Mr. David Tramel, Superintendent at 573/491-3700.

All applicants are expected to answer all questions on this application. Answer "non" or "not applicable" where necessary.

Last Name	First Name	Middle Name or Initial		
Other names that ma	y appear on your trans	cript or record	ds:	
Social Security Numb	oer	-		
Current Address	Street	City	State	Zip
Current Phone () -			
Permanent Address	Street	City	State	Zip
) -	ema	•1	-

Certification: Type	(Life, PC1, Etc.) Other
State(s)	Subject(s)
Grade Level(s)	Expiration Date(s)
Other information regarding your certific	cation 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	d in sponsoring or coaching:

Educational Preparation:

School	Name &	Dates of	Name of		Overall
Name	Location	Attendance	Degree	Major	GPA
High					
School					
Colleges/					
Universities					

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

District Name and 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 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 questions 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 through June 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 Administra	ntive 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:		

APPLICANT QUESTIONS

Name:_____

Please respond to the following questions in your own handwriting.

1. Why have you chosen education as your profession?

2. What goals do you or would you strive for as an Administrator?

3. Write a brief autobiography focusing on the important people and events in your life.