

**Worth County R-III School District
Application for Employment
Certified Staff**

Form 4120

APPLICATION FOR A CERTIFICATED POSITION			Date:	
<p>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.</p> <p>All applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary.</p>				
Personal Information				
Social Security Number:				
Last Name:		First Name:		Middle Name:
Other names that may appear on your transcripts or records:				
Current Address			Permanent Address	
Address		Address		
City, State, Zip		City, State, Zip		
Phone		Phone		
Certification				
Type (Life, PC1, Etc.)				
State	Subject	Grade Level	Expiration date	
Other information regarding your Certification and/or certification status				

Application Position

Position(s)	Teacher Yes <input type="checkbox"/> No <input type="checkbox"/>	Substitute Yes <input type="checkbox"/> No <input type="checkbox"/>	Paraprofessional Yes <input type="checkbox"/> No <input type="checkbox"/>
Subject:			
Grade levels:			

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

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Education

University			
Location			
Dates of attendance			
Degree			
Major		Overall GPA	
Other Universities Attended			

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

District Name			
Location			
Position			
Dates of Employment			
Supervisor		Phone #	

Other Work Experience

Employer Name			
Location			
Position			
Dates of Employment			
Supervisor		Phone #	

References

Employer Name	Address	Phone

Employment Questions:

Yes <input type="checkbox"/> No <input type="checkbox"/>	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)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever pleaded guilty or no contest to 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)
Yes <input type="checkbox"/> No <input type="checkbox"/>	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?
Yes <input type="checkbox"/> No <input type="checkbox"/>	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 State of Missouri, Federal Bureau of Investigations, and 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
Interview		
Date & Time	Interviewed By	
Notification Date & Time		
Acceptance Date & Time		
Position Offered		
Salary Step and Level		