

**Delta C-7 School District
P.O. Box 297
Deering, MO 63840
(573) 757-6648**

APPLICATION FOR A CERTIFICATED POSITION

The Delta C-7 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 at (573) 757-6648.

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_____

Personal E-mail address _____

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

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)_____
2. 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)_____
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 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: _____

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