

APPLICATION FOR EMPLOYMENT- CERTIFIED TEACHER

NELL HOLCOMB R-IV SCHOOL DISTRICT

6547 STATE HWY 177
CAPE GIRARDEAU, MO 63701

Phone: 573.334.3644
FAX: 573.334.6552

The Nell Holcomb R-IV School District considers applicants for all positions without regard to race, color, religion, sex, national origin or disability. 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's office at 573.334.3644.

All applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary.

Name: _____ Social Security Number: _____ Date of Application: _____

Address: _____ City: _____ State: _____ Phone Number: _____

Position for which you are applying: _____

Are you available for substitute teaching? _____

Position(s) for which you are certificated: _____

Expiration Date: _____

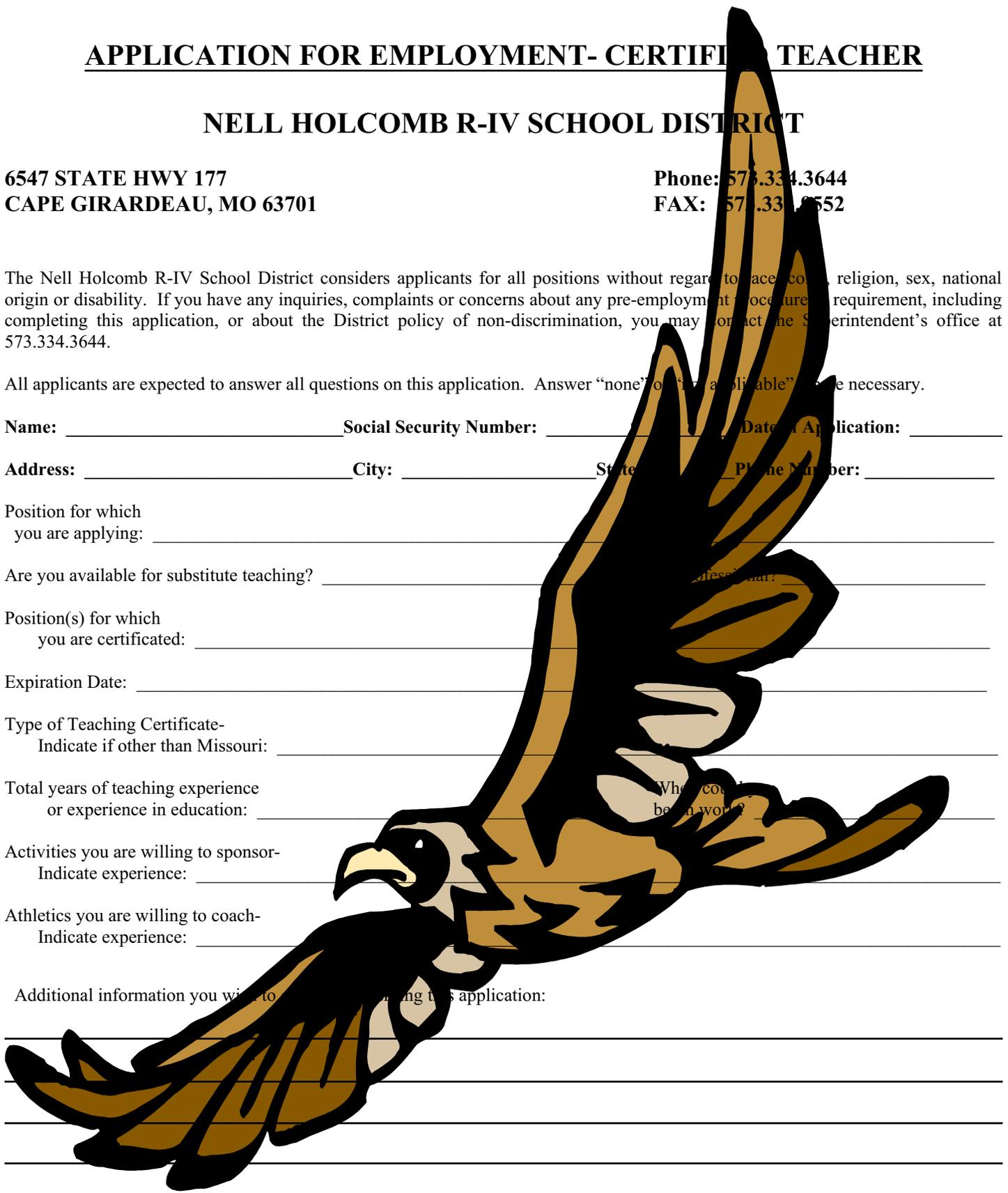
Type of Teaching Certificate-
Indicate if other than Missouri: _____

Total years of teaching experience
or experience in education: _____

Activities you are willing to sponsor-
Indicate experience: _____

Athletics you are willing to coach-
Indicate experience: _____

Additional information you wish to provide in completing this application: _____



EDUCATION:

	Name of Schools Attended Address of Schools	Attendance Dates	Degree/Degrees	Major or Course of Study
High School				
College University				
Graduate School				
Other				

Number of Undergraduate Hours: _____

Number of Graduate Hours: _____

List any other special skills, training, or courses you have had which would enhance your abilities in the position of which you are applying:

EMPLOYMENT EXPERIENCE: (Most recent position listed first)

Date: Month/Year	Name and Address of School, Business, or Employer	Position	Monthly Salary	Reason for Leaving
From ___ to ___				
From ___ to ___				
From ___ to ___				
From ___ to ___				
From ___ to ___				

TEACHING EXPERIENCE:

DISTRICT NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

Note: Please attach resume to this application if available

PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER	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.)

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.)

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, emotion, 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:

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.

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 consideration of my employment.

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 even 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.

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 Administrative Use Only

Date Received: Application _____ Credentials _____ Transcripts _____

Date Interviewed: _____ Interviewed by: _____

Date and Time Application Notified: _____

Date and Time Applicant Accepted: _____

Position Offered: _____

Salary Step and Level: _____

General Comments: