

PERSONNEL SERVICES

Employment

Application Notice – Certificated Staff

Sheldon School District R-VIII

"HOME OF THE PANTHERS"

100 Gene Lathrop Blvd.

Sheldon, Missouri 64784

Carolyn Compton
Principal

Phone 417-884-5113
Fax 417-884-5331

Jason Irwin
Superintendent

Dear Applicant:

Thank you for your interest in applying for a position with the Sheldon R-VIII School District. We ask that the following items be addressed as a part of the application process.

1. Complete the enclosed application form.
2. Enclose a copy of your latest transcript(s) with the application. An official copy of your transcript(s) will be required if you are employed.
3. Enclose a copy of your Missouri teaching certificate or verification of eligibility for a Missouri teaching certificate.
4. Request your placement file be sent to us, or enclose 4 to 5 recent letters of recommendation.
5. A background check will be required should your application be accepted.

Your application will become active once all of the above information has been received. Your application will remain active until April 30th at which time you must resubmit a new application. Please call the Superintendent's office at (417) 884-5111 if you have any questions about the application process.

Thank you for your interest and we will be looking forward to receiving your application.

Sincerely,

Jason Irwin
Superintendent

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Certification: Type _____ (Life, PCI, Etc.) Other _____

State(s) _____ Subjects _____

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: _____

List any honors, scholarships, publications, etc. _____

List professional organizations to which you belong _____

Educational Preparation:

	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR/MINOR	OVERALL G.P.A.
HIGH SCHOOL		N/A	N/A	N/A	N/A
COLLEGES/ UNIVERSITIES					

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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 Sheldon R-VIII School 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/administration as your profession?

2. What student outcomes would you strive for as a teacher/administrator?

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

4. If selected and successful, is there any reason you do not expect to remain in the Sheldon School District for two years?