

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 _____ Transcripts _____ Letters of Reference _____

Date interviewed: _____ Interviewed by: _____

Date and time: Applicant notified _____

Date and time: Applicant accepted _____

Position offered: _____

Salary step and level: _____

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:

APPLICANT QUESTIONS

Name: _____ Social Security# ____-____-____

Please respond to the following questions in your own handwriting.

1. Why have you chosen the position for which you are applying as your profession?
2. Describe how you would be able to help the students in our School District.
3. Write a brief autobiography focusing on the important people and events in your life.

REQUEST FOR CRIMINAL RECORD CHECK

NAME _____
Last First Middle Jr. Sr.

MAIDEN/ALIAS _____
Last First Middle Jr. Sr.

SEX ☐ Male ☐ Female DOB _____
Month Day Year

SOCIAL SECURITY NO. _____

RACE ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian ☐ Other _____

ADDRESS _____
Street - P.O. Box City State Zip Code

ATTENTION YOUTH SERVICE PROVIDERS SECTION 43.540 RSMo.

This Criminal Record Check document, signed by the applicant will serve as written consent record information by the requestor. The information obtained shall be confidential and any person who discloses the information beyond the scope allowed in Section 43.540 shall be subject to prosecution for a Class A misdemeanor.

Signature of Subject of Request

Date

REQUESTING ENTITY

North Pemiscot R-I School District
102 School Drive
Wardell, Missouri 63879

Phone - 573-628-3471
Fax - 573-628-3472

ENTITY TYPE --- Public School

APPLICATION FORM FOR
SUPPORT STAFFPERSONNEL SERVICESForm 4120.6EmploymentEmployment Application - Support Staff

APPLICATION FOR AN SUPPORT STAFF 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 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 _____ at _____.

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 _____

Position(s) for which you are applying: _____

Skills you possess pertaining to the position(s) for which you are applying: _____

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					
BUSINESS/ TRADE SCHOOLS					

Work Experience:

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISER	PHONE