



# SUCCESS R-VI SCHOOL DISTRICT

10341 HWY 17

SUCCESS, MO. 65570

TELEPHONE: 417-967-2597 FAX: 417-967-5774

## APPLICATION FOR TEACHING 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 inquires, 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 office at 417-967-2597.

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (OTHER)

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Temporary Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Permanent Phone: \_\_\_\_\_ Temporary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position or Positions Desired: \_\_\_\_\_

Dates Available: \_\_\_\_\_

Are You Currently Employed? \_\_\_\_\_ May We Contact Your Employer? \_\_\_\_\_

Have You Applied Here Before? \_\_\_\_\_ When? \_\_\_\_\_

Certification: Type \_\_\_\_\_ (Life, PC I, Etc.) Other \_\_\_\_\_ State(s) \_\_\_\_\_

Subject(s)/Area(s) \_\_\_\_\_ Grade Level(s) \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_

Other information regarding your certification and/or certification status: \_\_\_\_\_

\_\_\_\_\_

Educational Preparation:

	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA
HIGH SCHOOL					
COLLEGES/ UNIVERSITIES					

Teaching Experience: (Paid Positions) Most Recent First

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

Teaching Experience: (Student Teaching, Practicum's, Volunteer Hours, Etc.)

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

List other work experiences

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List the extracurricular activities in which you participated in high school \_\_\_\_\_

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List the extracurricular activities in which you participated in college \_\_\_\_\_

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List any honors or special recognition that you received in high school or college \_\_\_\_\_

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List any other information concerning yourself which your judgment might be helpful as we consider your application.

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References:

NAME	ADDRESS	PHONE	POSITION

Employment Questions:

1. Have you ever been arrested for, or charged with or convicted of a felony or misdemeanor? (Excluding traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00) \_\_\_\_\_
2. Have you ever plead 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? \_\_\_\_\_

If the answer to any of the foregoing questions is "yes" please explain; use a separate sheet if necessary.

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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 experiences. I release my current and former employers and reference 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 the 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 for one (1) calendar year. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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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.