

MAYSVILLE R-I SCHOOL DISTRICT APPLICATION FOR EMPLOYMENT

601 W MAIN, P.O. BOX 68
MAYSVILLE, MO 64469
TELEPHONE: 816/449-2308 FAX: 816/449-5610

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Information for Applicant: Please complete all items on this application form accurately and in detail. If applicable, you should request your college placement office to forward your up-to-date credentials, and a copy of your transcript. Personal interviews are required prior to consideration for employment. This application will remain on file for a period of one year. If you wish to be considered for employment following that time, you must re-apply.

FIRST NAME MIDDLE INITIAL LAST NAME

Present Address: _____ Until _____

Permanent Address (If not the same): _____

Street or P.O. Box: _____ City: _____

State _____ Zip Code _____ Home Telephone _____ Work Telephone _____

Name & address of someone who will always know your address (Do not list husband or wife): _____

Indicate in this section the area(s) for which you wish to be considered for employment; you may state more than one area. Do not check or list any area for which you do not hold a certificate if a certificate is needed.

What certifications do you presently hold? _____

Are you willing to accept after school responsibilities? _____ Yes _____ No

What activities do you feel qualified to sponsor or coach? _____

Present Position: _____

Date of Application _____ Date Available for Employment _____

Are you presently under contract with any school district for the next school year? _____ Yes _____ No

Social Security Number _____ - _____ - _____ MO Retirement System No. _____

Are you a United State Citizen? _____ Yes _____ No

Have you ever been involuntarily terminated or asked to resign from the employment of another school district? ____ Yes ____ No . If yes, please give the name of the district, the date and reason(s) for the termination or request for resignation: _____

Have you ever been refused tenure or a continuing contract? ____ Yes ____ No
If yes, please explain: _____

Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application? ____ Yes ____ No
If yes, please explain: _____

Have you ever been convicted of any offense involving violent crimes, stealing, sexual molestation, physical or sexual abuse, or rape? ____ Yes ____ No
If yes, explain: _____

Note: Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

In your own handwriting list any additional information you think would be helpful concerning your knowledge, skills and related experience to the job for which you are applying: _____

Briefly state what you feel you can contribute as an employee of the Maysville R-I School District in the position for which you are applying:

SECONDARY SCHOOLS

Name of School Attended	City, State, Zip Code	Approx # Students	# Years Attended	Graduation Date

List activities in which you participated and any honors received: _____

UNDERGRADUATE INSTITUTIONS

Name of School Attended	City, State, Zip Code	Dates		Semester Hrs	Degree/Date of Graduation
		From Mo/Yr	To Mo/Yr		

MAJOR _____ NO. SEMESTER HOURS _____

MINOR _____ NO. SEMESTER HOURS _____

List activities in which you participated and any honors received:

GRADUATE INSTITUTIONS

Name of School Attended	City, State, Zip Code	Dates		Degree / # hrs	Date of Graduation
		From Mo/Yr	To Mo/Yr		

Course of Study: Master's _____ GPA _____

Specialist's _____ GPA _____

Doctorate _____ GPA _____

Thesis and/or Dissertation Title & Date Approved: _____

List of activities in which you participated and any honors received: _____

REFERENCES

Give full name, addresses, and phone numbers of three references. These should be persons who are qualified to answer concerning your fitness for the position you seek. Include the names of instructors who have supervised your student teaching.

Name	Address	Position/Relation-Ship to You	Phone #	Dates

PROFESSIONAL EXPERIENCE – Starting with the most recent year, list each teaching or school administrator’s position you have held.

Date Mo/Yr to Mo/Yr	School and Complete Address	Assignment (Subject, Grade Level, etc.)	Reason for Leaving

WORK EXPERIENCE OTHER THAN TEACHING

Name & Address of Firm or Co.	Supervisor’s Name & Telephone #	Dates From To	Type of Work Performed	Reason for Leaving

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by this District. I also hereby authorize the District to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use.

_____ **Date**

_____ **Signature of Applicant**