

Employment

Employment Application - Support Staff

APPLICATION FOR A 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 | 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 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: _____

