**AVILLA R-13 SCHOOL DISTRICT**

**P. O. Box 7**

**Avilla, MO 64833**

**(417) 246-5330**

**APPLICATION FOR A CERTIFICATED 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 Avilla school at 417-246-5330.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification: Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Life, PC1, Etc.) Other

State(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject(s)

Grade Level(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date(s)

Other information regarding your certification and/or certification status:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) for which you are applying:

Subjects(s)

Grade Level(s)

Are you available for substitute teaching? \_\_\_\_\_\_\_\_ Paraprofessional?

Extra duty positions you may be interested in sponsoring or coaching?

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 |  |  |  |  |  |
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Teaching Experience (If none, list student teaching experience):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| District Name & Location | Position | Dates of Employment | Number of Years | Supervisor | Phone |
|  |  |  |  |  |  |
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Other Work Experience:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name & Location | Position | Dates of Employment | Number of Years | Supervisor | Phone |
|  |  |  |  |  |  |
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References:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Position |
|  |  |  |  |
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|  |  |  |  |
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 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 a 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 the release.
2. I understand and consent to having a 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 1 year. 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 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.