

APPLICATION FOR EMPLOYMENT-PROFESSIONAL STAFF

OAK RIDGE R-VI SCHOOL DISTRICT

**4198 STATE HIGHWAY E - PO BOX 10
OAK RIDGE, MISSOURI 63769-0010**

**Phone: 573/ 266-3218, 266-3232 or 266-3630
Fax: 573/ 266-0133**

The Oak Ridge R-VI School District considers applicants for all positions without regard to race, color, religion, sex, national origin or disability. 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 the Superintendent's office at (573) 266-3218.

All applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary.

Name: _____ **Social Security Number:** _____ **Date of Application:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____

Position for which you are applying: _____

Are you available for substitute teaching? _____ Paraprofessional _____

Position (s) for which you are certificated: _____

Expiration Date: _____

Type of Teaching Certificate
Indicate if other than Missouri: _____

Total year of teaching experience or experience in education: _____ When could you begin work? _____ Expected Salary: _____

Activities you are willing to Sponsor:
Indicate experience: _____

Athletics you are willing to Coach:
Indicate experience: _____

Do you have your placement papers on file? _____ If yes, where? _____

(Note: Do not send your placement papers. We will request them if needed. If we request them, you will not be charged.)

Additional information you wish to express concerning this application:

EDUCATION:

	Name of Schools Attended Address of Schools	Attendance Dates	Degree/ Degrees	Major or Course of Study	Overall GPA
High School		N/A	N/A	N/A	
College University					
Graduate School					
Other					

Number of Undergraduate Hours: _____ Number of Graduate Hours: _____

List any other special skills, training, or courses you have had which would enhance your abilities in the position for which you are applying:

EMPLOYMENT EXPERIENCE: (Most recent position listed first.)

Date: Month/Year	Name & Address of School, Business, or Employer	Position	Monthly Salary	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

TEACHING EXPERIENCE

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

Note: Please attach Resume to this application if available.

PERSONAL REFERENCES:

Name	Address	Phone Number	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 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).

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 June 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 _____ Credentials _____ Transcripts _____

Date interviewed: _____ Interviewed by _____

Date and time: Applicant notified _____

Date and time: Applicant accepted _____

Position offered: _____

Salary step and level: _____

General Comments: