

APPLICATION

Cole Camp R-I School
500 S. Keeney St.
Cole Camp, MO 65325
Phone 660-668-4427
Fax 660-668-4703
www.colecamp.k12.mo.us

The Cole Camp R-I 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 the Superintendent of Schools at 660-668-4427, ext. 301.

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

APPLICATION FOR CERTIFIED EMPLOYMENT

Date _____ Position Desired _____

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: Area _____ Expiration Date _____

State(s) _____ Subject(s)/Grade Levels _____

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
Colleges/ Universities					

Student Teaching Experience: School: _____

City: _____ Telephone: _____

Supervising

Teacher: _____ Grade/Subject: _____

Dates: _____ School Enrollment _____

Teaching Experience (If more space is needed to accommodate a complete listing, please attach a sheet with this page) :

District Name & Location, Phone	Position	Dates of Employment m/y-m/y	Number of Years	Supervisor	Reason for Leaving

Total years teaching experience: Public Schools _____ Private Schools _____

Other Experience (If more space is needed to accommodate a complete listing, please attach a sheet with this page) :

Employer Name & Location, Phone	Position	Dates of Employment m/y-m/y	Number of Years	Supervisor	Reason for Leaving

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:

Please answer each of the following questions:

1. Please explain why you went into education as a profession.

2. Please describe who is responsible for student learning and why.

3. Please describe the one personal characteristic you possess that your students will most appreciate.

4. Please attach a brief autobiography focusing on the important people and events in your life.

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 or other authorized agency 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 for one year (July 1- June 30). I understand that if I wish my candidacy to remain open after that date I must submit another application.
5. I understand that if I am employed that I am required to submit to a finger printing background check.

Signature

Date

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APPLICANT INFORMATION

For your application to be complete, the following items must be on file:

1. Letter of application
2. Completed application form
3. Official Transcript
4. Copy of teaching certificate
5. Placement papers
6. Resume

Do Not Write Below This Line--For Administrative Use Only

Date Received: Application _____ Credentials _____ Transcripts _____

Date Interviewed: _____ Interviewed by: _____

Date and time: Applicant Notified _____

Applicant Accepted _____

Position offered: _____

Salary Step and Level: _____