

Wellsville-Middletown R-1
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 the Superintendent's office at 573-684-2428.

Completed applications can be mailed to:
Wellsville-Middletown R-1
900 Burlington Road
Wellsville, MO 63384

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
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Other names that may appear on your transcripts or records:

Current Address

Street	City	State	ZIP
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Current Phone _____

Permanent

Address _____

Street	City	State	ZIP
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Permanent Phone _____

Date Available _____

Certification: Type _____ (Life, PC1, Etc.)

Other _____

State _____ Subject(s) _____

Grade Level(s) _____ Expiration

Date _____

Other information regarding your Certification and or certification

status: _____

Position(s) for which you are

applying: _____

Subject(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					

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

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

Other Work Experience:

DISTRICT 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) _____
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) _____
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:

APPLICANT QUESTIONS

Name: _____

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.

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.

Signature

Date

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Do Not Write Below This Line—For Administrative Use Only

Date received: Application _____ Credentials _____

Transcripts _____

Date interviewed: _____

By: _____

Date and time: Applicant notified _____

Accepted _____

Position offered: _____

Salary step and level: _____