#### STRASBURG C-3 SCHOOL DISTRICT

#### 600 WEST STATE RT E P.O.BOX 244 STRASBURG MO 64090

Larry Arnone, Superintendent

Telephone (816) 680-3333

Fax (816) 865-3349

# APPLICATION CERTIFIED TEACHING POSITION

Fill in all blanks accurately and comp	letely		
Date	_		
Position applying for:			_
NAME:			
Last	First	Midd	le
PRESENT ADDRESS:			
Street	City	State	Zip
PERMANENT ADDRESS:			
Street	City	State	Zip
SOCIAL SECURITY #	TELEPHO	)NE#	(C) (H)
AREA(S) OF MISSOURI Certification:			
HONORS AND AWARDS RECEIVED	:		

## **Educational Preparation:**

	NAME & LOCATION	DATES ATTENDED	DEGREE	MAJOR	OVERALL GPA
Colleges					
Universities					

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

DISTRICT NAME	POSITION	EMPLOYMENT	YEARS	SUPERVISOR	PHONE
& LOCATION		DATES	EMPLOYED		

### References:

NAME	ADDRESS	PHONE	POSITION

բանո	oyment 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 \$100.00)	than	
2.	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 th \$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 engage physical, emotional, psychological or sexual abuse or neglect of a	l in child?	
4. Hav	ve you ever failed to be re-employed by an educational institution?		
If the	answer to any of the foregoing questions is "yes" please explain using the lines below.		

## 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				
*******	**********	********			
Do Not Write	e Below This Line - For Administrative	e Use Only			
Date received: Applica Reference	ationTranscripts	Letters of			
Date interviewed:	Interviewed by:				
Date and time: Applicant notified					
Date and time: Applicant accepted_					
Position offered:					
Salary step and level:	<u> </u>				