

**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

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**APPLICATION  
CERTIFIED TEACHING POSITION**

**Fill in all blanks accurately and completely**

Date \_\_\_\_\_

Position applying for: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PERMANENT ADDRESS: \_\_\_\_\_  
Street City State Zip

SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ TELEPHONE# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (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 & LOCATION	POSITION	EMPLOYMENT DATES	YEARS EMPLOYED	SUPERVISOR	PHONE

**References:**

NAME	ADDRESS	PHONE	POSITION



# 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 \_\_\_\_\_ Transcripts \_\_\_\_\_ Letters \_\_\_\_\_ of Reference \_\_\_\_\_

Date interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Date and time: Applicant notified \_\_\_\_\_

Date and time: Applicant accepted \_\_\_\_\_

Position offered: \_\_\_\_\_

Salary step and level: \_\_\_\_\_