

**STRASBURG C-3 SCHOOL DISTRICT
APPLICATION FOR SUPPORT STAFF POSITION**

The Strasburg C-3 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 procedures or requirements) please make us aware of any accommodations you feel necessary. If you have any inquiries, complaints or concerns about any pre-employment procedure or requirements, including completing this application, or about the district policy of discrimination, you may contact the superintendent at 816-680-3333.

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

Date: _____

Name: _____
Last name First Name Middle Name

Other names that appear on your transcripts or records: _____

Current Address: _____
Street City State Zip

Current Phone: _____

Permanent Address: _____
Street City State Zip

Date Available: _____

Position(s) for which you are applying:

Skills you possess pertaining to the position(s) for which you are applying:

Educational Preparation

	Name & Location	Dates of Attendance	Name of Degree	Major	Overall GPA
High School					
Colleges/ Universities					

Work Experience:

District Name & Location	Position	Dates of Employment	Number of Years	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 the 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 May 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: _____ Credentials: _____ Transcripts: _____

Date interviewed: _____ Interviewed by: _____

Date and time: Applicant notified _____

Date and time: Applicant accepted _____

Position offered: _____

Salary step and level: _____