

**STRASBURG C-3 SCHOOL DISTRICT  
APPLICATION FOR A CERTIFICATED 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: \_\_\_\_\_

**Certification Information**

Certification Type	Subject	Grade Level	Expiration Date	State

Other information regarding your certification and/or certification status:

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Position 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:

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**Educational Preparation**

	Name & Location	Dates of Attendance	Name of Degree	Major	Overall GPA
High School					
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:**

Employer 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 30<sup>th</sup>. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**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: \_\_\_\_\_