



**Educational Preparation:**

	NAME & LOCATION	DATES OF ATTENDANCE	DEGREE	MAJOR	OVERALL GPA
HIGH SCHOOL		N/A	N/A	N/A	N/A
COLLEGES/ UNIVERSITIES					

**Work Experience:**

EMPLOYER 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 \$100.00)\_\_\_\_\_
  
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 \$100.00)\_\_\_\_\_
  
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 engaged in physical, emotional, psychological or sexual abuse or neglect of a child?\_\_\_\_\_
  
4. Have you ever failed to be employed by an educational institution?\_\_\_\_\_

If the answer to any of the foregoing questions is “yes” please explain; use a separate sheet if necessary:

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5. Why have you chosen the position for which you are applying as your profession?

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6. Describe how you would be able to help the students in our School District?

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**READ CAREFULLY BEFORE SIGNING**

I acknowledge and agree to the following provisions as conditions for consideration of this 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 a volunteer.
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.
4. I understand that this application will be considered active through June 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: 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:\_\_\_\_\_