

**NEWBURG R-II SCHOOL  
P.O. BOX C  
NEWBURG, MISSOURI 65550**



**APPLICATION FOR CERTIFIED STAFF POSITION**

The Newburg R-II 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 procedure or requirement), please make us aware of any accommodation you feel is necessary. If you have any inquiries, complaints or concerns about any pre-employment procedure or requirement, including completing this application, or about the District policy of non-discrimination, you may contact the Anti-Discrimination Officer at 573-762-2211. Newburg R-II School District is an EOE.

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

Date \_\_\_\_\_

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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**Other names that may appear on your transcripts or records:**

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**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Address** \_\_\_\_\_  

<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**Current Phone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Permanent Address** \_\_\_\_\_  

<b>City</b>	<b>State</b>	<b>Zip</b>
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**Permanent Phone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Date Available** \_\_\_\_\_

**Certification: Type** \_\_\_\_\_ **(Life, PC1, Etc.) Other** \_\_\_\_\_

**State(s)** \_\_\_\_\_ **Subject(s) / (Area(s))** \_\_\_\_\_

**Grade Level(s)** \_\_\_\_\_ **Expiration Date(s)** \_\_\_\_\_

**Other information regarding your certification and/or certification status:** \_\_\_\_\_

**Position(s) for which you are applying:** \_\_\_\_\_

**Educational Preparation:**

	NAME AND LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA
HIGH SCHOOL					
COLLEGES/ UNIVERSITIES					

**Teaching Experience:**

DISTRICT NAME AND ADDRESS	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

**Administrative Experience:**

DISTRICT NAME AND ADDRESS	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

**References:**

NAME	ADDRESS	PHONE	POSITION

**Employment Questions:**

- 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 for which the fine was less than \$500.00) \_\_\_\_\_
- 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 \$500.00) \_\_\_\_\_
- 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 re-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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**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.
4. I understand that this application will be considered active for one year. I understand that if I wish my candidacy to remain open after that date I must submit another application.

<b>Signature</b>	<b>Date</b>
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*(Use your PDF reader's signature feature for this)*

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**Do Not Write Below This Line - For Administrative Use Only**

Date received: Application\_\_\_\_\_ Credentials\_\_\_\_\_ Transcripts\_\_\_\_\_

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

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

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

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

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