



NEWBURG R-II SCHOOL DISTRICT

701 Wolf Pride Drive • PO Box C
Newburg, Missouri 65550

Phone: 573-762-9653
Fax: 573-762-3040
www.newburg.k12.mo.us

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 _____

Last Name	First Name	Middle Name
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Other names that may appear on your transcripts or records:

Social Security Number _____ - _____ - _____

Current Address	Street	City	State	Zip
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Current Phone (_____) _____ - _____

Permanent Address	Street	City	State	Zip
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Permanent Phone (_____) _____ - _____

Date Available _____

SUPPORT STAFF APPLICATION

Position(s) for which you are applying: _____

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

Educational Preparation:

	Name and Location	Dates of Attendance	Name of Degree	Major	Overall GPA
High School					
Colleges or Universities					
Business/Trade School					

Work Experience:

Employer Name and Location	Position	Dates of Employment	Number of Years	Supervisor	Phone Number

SUPPORT STAFF APPLICATION

References:

Name	Address	Phone	Position

Employment Questions:

1. Have you ever been arrested for, 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) _____
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 \$500.00) _____
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 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.

SUPPORT STAFF APPLICATION

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.

Signature

Date

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: _____