## **Benton County R-2 Schools**

P.O. Box 39 \* Lincoln, Missouri 65338 Phone 660-547-3514 \* Fax 660-547-3729

"A+ Designated School"
"Accredited With Distinction"
Website: www.lincoln.k12.mo.us

### Dear Applicant:

Thank you for your interest in applying for a teaching position with the Lincoln R-2 School District. We ask that the following items be addressed as a part of the application process:

- 1. Current resume' which includes education and degree information, teaching experience, and other work experience, references.
- 2. Complete the enclosed Page 1 and 2 of the application for a certificated position.
- 3. Complete the enclosed 2 pages of Employment Questionnaire.
- 4. Enclose a copy of your latest transcript(s) with the application. An official copy of your transcript(s) will be required if you are employed.
- 5. Employment contract is contingent upon results of the request for child abuse or neglect/criminal record and FBI background check, which includes fingerprint check.

Please return all completed items to the Superintendent of Schools, Lincoln R-2 School, P.O. Box 39, Lincoln, MO 65338.

#### LINCOLN R-2 SCHOOL DISTRICT LINCOLN, MISSOURI

#### APPLICATION FOR A CERTIFICATED POSITION

The 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 inquires, 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 Superintendent of Schools at Lincoln R-2 School, P.O. Box 39, Lincoln, MO 65338, 660-547-3514.

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 Other names that may appear on your transcripts or records: Social Security Number \_\_\_\_-\_ Current Address Street City State Zip Current Phone (\_\_\_\_\_\_ Permanent Address Street City State Zip 

Date Available

## LINCOLN R-2 SCHOOL DISTRICT LINCOLN, MISSOURI

### APPLICATION FOR A CERTIFICATED POSITION

Applicant's Name:	
Certification: Type	(Life, OCI, Etc.) Other
State(s)	Subject(s)
	Expiration date(s)
Other information regarding your	r Certification and/or certification status:
Position(s) for which you are app	olying:
Subject(s)	
Grade Level(s)	
Extra duty positions you may be	interested in sponsoring or coaching:

# Benton County R-2 School District

# Employment Questionnaire

Name:	:Social Security Number:
Addre	ss:
	NE .
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 re-employed by an educational institution?
f the a	answer to any of the foregoing questions is "yes" please explain; use a separate sheet if ary:
	•

### Benton County R-2 School District

### **Employment Questionnaire**

#### READ CAREFULLY BEFORE SIGNING

I acknowledge and agree to the following provisions as conditions to consideration 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 employment.
- 3. I certify that the answers given in the employment questionnaire 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 questionnaire or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.

Signature		Date
Do Not V	Vrite Below This Line – For Admi	inistrative Use Only
Date Received:	Credentials:	Transcripts:
Date Interviewed:	Interviewed by	•
Date and Time: Applicant	notified	
Position offered:		•
Salary step and level:		

# **Lincoln R-2 School District**



## **Employment Application**

Applicant Information								
Full Name:							Date:	
	Last	I	First			M.I.	~~~	***************************************
Address:			ni.					
	Street Address		***			Apartment/Uni	t #	
			les .					
	City					State	ZIP Code	
Phone:				Email				
Date Availal	ole:	Social Secu	urity No.:			Desire	ed Salary:\$	
Position App	olied for:							
YES NO Are you a citizen of the United States?  YES NO If no, are you authorized to work in the U.S.?								
Have you ev	YES NO Have you ever worked for this company?     YES NO   If yes, when?							
Have you ev	Have you ever been convicted of a felony?						9	
If yes, expla	in:							
Education								
High School	:		Address:					•
From:	To:	Did you	ı graduate?	YES	NO	Diploma::		
College:			Address:			***************************************		
From:	To:	Did you	ı graduate?	YES	NO	Degree:		
Other: Address:								
From:	To:	_ Did you	u graduate?	YES	NO	Degree:		

**TURN OVER - CONTINUE** 

Refe	erences			
Please list three professional references.				
Full Name:			Relationship:	
Company:			Phone:	
Address:				
Full Name:			Relationship:	
Company:			Phone:	
Address:				
Full Name:			Relationship:	
Company			Phone:	
Address:			`**	
Previous	Employm	ent		
Compone			Phone:	
Address:			Supervisor:	
•				
Job Title: Starting	Salary:		Ending Salary:\$	
Responsibilities:				
From: To:	Reason	for Leaving:		
May we contact your previous supervisor for a reference?	YES	NO		
Company:			Phone:	
Address:			Supervisor:	
			Ending Salary:\$	
Job Title: Starting	Starting Salary:			
Responsibilities:				
From: To:	Reason	for Leaving:	-	
May we contact your previous supervisor for a reference?	YES	NO		
I certify that my answers are true and complete to the b	est of my k	nowledge.		
If this application leads to employment, I understand the interview may result in my release.			information in my application or	
Signature:			· Date:	