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 support staff / paraprofessional 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 information, work experience, and references.
2. Complete the Lincoln R-2 application
3. Complete the enclosed Page 1 of the application for a paraprofessional position.
4. Complete the enclosed 2 pages of Employment Questionnaire.
5. 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. Enclose a copy of the para praxis test you have passed if you do not have 60 hours of college credit.
6. 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.

BENTON COUNTY R-2 SCHOOL DISTRICT
LINCOLN, MISSOURI

APPLICATION FOR A SUPPORT STAFF / PARAPROFESSIONAL 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

Permanent Phone (_____) _____ - _____

Date Available _____

Benton County R-2 School District

Employment Questionnaire

Name: _____ Social Security Number: _____

Address: _____

_____

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? _____

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

_____

_____

_____

_____

_____

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 Write Below This Line – For Administrative 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 *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: $ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma:: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

TURN OVER - CONTINUE

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ 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: _____

Job Title: _____ Starting Salary: $ _____ Ending 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 best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____