

**MIDDLE GROVE C-1 SCHOOL DISTRICT**  
**APPLICATION FOR CERTIFICATED POSITION**



The Middle Grove C-1 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 Administrator at 660-291-8583.

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 \_\_\_\_\_

Certification: \_\_\_\_\_ Other: \_\_\_\_\_

State(s): \_\_\_\_\_ Subjects: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Expiration: \_\_\_\_\_

Other information regarding your certification and/or certification status:

\_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Subject: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**Education:**

	Name & Location	Dates of Attendance	Name of Degree	Major	Overall GPA
High School			N/A	N/A	N/A
College/University					
Business/Trade Schools					

Are you available for substitute teaching? \_\_\_\_\_ Paraprofessional? \_\_\_\_\_

Extra duty positions you may be interested in sponsoring or coaching? \_\_\_\_\_

\_\_\_\_\_

**Teaching Experience:**

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

Other Work Experience:

Employer	Position	Dates of Employment	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)

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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)

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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?

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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 through April 30th. I understand that if I wish my candidacy to remain open after that date I must submit another application.

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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: \_\_\_\_\_

## APPLICANT QUESTIONS

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

1. Why have you chosen teaching as your profession?

2. What student outcomes would you strive for as a teacher?

3. Write a brief autobiography focusing on the important people and events in your life.