Delta C-7 School District P.O. Box 297 Deering, MO 63840 (573) 757-6648

APPLICATION FOR A CERTIFICATED POSITION

The Delta C-7 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 Superintendent at (573) 757-6648.

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

Date	_		
Last Name	First Name	Middle N	ame
Other names that may appear on you	our transcripts or records:		
Social Security Number			
Current Address			
Street Current Phone	City	State	Zip
Permanent Address			
Street	City	State	Zip
Permanent Phone			
Date Available			
Personal E-mail address			

Certification: Type		(Lit	(Life, PC1, Etc.) Other			
State(s)			Subject(s)			
Grade Level(s)		Exp	oiration date(s)			
Other information	on regarding you	ur Certification an	d/or certificat	on status:		
Position(s) for w	which you are ap	oplying:				
Subject(s)						
Grade Level(s)						
Are you availab	le for substitute	teaching?	Paraprofess	ional?		
Extra duty posit	ions you may be	e interested in spo	nsoring or coa	ching:		
Educational Pre	paration:					
	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA	
HIGH SCHOOL		N/A	N/A	N/A	N/A	
COLLEGES/ UNIVERSITIES						

Teaching Experience (If none, list student teaching experience):

DISTRICT NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

Other Work Experience:

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	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)
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?
	essary:

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.

Signature	Date

Date received: Application Transcripts	Credentials
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 #
Please	respond to the following questions in your own handwriting.
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.