

CREST RIDGE R-VII SCHOOL DISTRICT
92 NW 58 HWY
CENTERVIEW, MISSOURI 64019
(660) 656-3316

ADMINISTRATIVE APPLICATION

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 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 of Schools** at the above listed number.

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 transcript or records: _____

Social Security Number: _____ **Date Available:** _____

Current Address: _____
Street City State Zip

Current Phone: (____) _____

Permanent Address: _____
Street City State Zip

Permanent Phone: (____) _____

Certificate: Type _____ (Life, PC1, Etc.) **Other** _____

State(s) _____ **Subject(s)** _____

Grade Levels (s) _____ **Expiration date(s)** _____

Other information regarding your Certification and/or certification status: _____

Position(s) for which you are applying: _____

Subject(s): _____

Grade Level(s) _____

Are you available for substitute teaching? _____ Paraprofessional: _____

Extra duty positions you may be interested in sponsoring or coaching:

Educational Preparation:

	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA
HIGH SCHOOL		N/A	N/A	N/A	N/A
COLLEGES/ UNIVERSITIES					

Administrative Experience (If none, list recent 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) _____
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 \$ 1 00.00) _____
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 forgoing questions is "yes" please explain; use a separate sheet if necessary:

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 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: _____