

## LA PLATA R-II SCHOOL DISTRICT

201 W. Moore Street

La Plata, MO 63549

Phone: 660-332-7001

### Application For An Administrative Position

The La Plata R-II 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 La Plata R-II School District policy of non-discrimination, you may contact Dr. Craig Noah, Superintendent, at 660-332-7001.

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

Date of Application: \_\_\_\_\_

#### PERSONAL BACKGROUND INFORMATION

Last Name	First Name	Middle Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street	City	State	Zip

Street	City	State	Zip

Current Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Permanent Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Date Available: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

### CERTIFICATION

Type of Certification \_\_\_\_\_ (Life, PC1, Etc.) Other \_\_\_\_\_

State(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Expiration date(s) \_\_\_\_\_

Other information regarding your Certification and/or certification status: \_\_\_\_\_

\_\_\_\_\_

Other job-related skills for which you would be willing to be responsible for: \_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL PREPARATION

	Name & Location	Dates of Attendance	Name of Degree	Major	Overall GPA
High School					
Colleges/Universities					

**TEACHING/ADMINISTRATIVE 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? \_\_\_\_\_

If the answer to any of the foregoing 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 my knowledge. In the event I am employed by the La Plata R-II School 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 May 30<sup>th</sup>. I understand that if I wish my candidacy to remain open after that date I must contact the school district and make the appropriate arrangements.

\_\_\_\_\_

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: \_\_\_\_\_