## Application for Employment

## SUBSTITUTE TEACHER

The Pemiscot County Special 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 that 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) 359-0021.

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 appo	ear on your transcripts or re	cords:		
Social Security Number				
Current Address				
Stre	et C	City	State	Zip
Current phone ()	Additio	nal phone (_	)	
Email address(optional) _				
Date Available				
Locations applying for pos	sition for substitute teaching	r:		
	-	2		
	Learning Center o. Career & Tech. Center			
	Automotive Technology			
	Culinary Arts			
	Health Occupations			
	Health Occupations Industrial Electronics Welding Technology			
	Health Occupations	or		

\*\*Applicant must attach a copy of substitute teaching license to this application for substitute teaching.

## Educational Information:

	Name & Location	Dates of Attendance	Degree	Major	Overall GPA
High School					
Colleges	1				
	2				
	3				
	4				
	5				

Work Experience:

Employer's Name	Location	Position	Dates of Employment	Supervisor	Phone
1					
2					
3					

References:

Name	Address	Phone	Position
1			
2			
3			

**Employment Questions:** 

- 1. Have you ever been arrested for, charged with, plead guilty to or found guilty of a felony or misdemeanor, entered a plea of nolo contendere(no contest) for any violation of any laws of a state and/or received a suspended imposition of a sentence? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00)
- 2. Has the Missouri Division of Family Services or 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?
- 3. Have you ever failed to be re-employed by an educational institution?
- 4. Have you ever had any teaching certificates or similar titles and/or other professional licenses or similar titles denied, restricted, revoked, voluntarily surrendered, and/or suspended?

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. By signing this application, I waive all provisions of law forbidding colleges and universities which I attended, or past employers, from disclosing information which they acquired relative to my employment and I consent that via a copy of this application form, they may disclose such information to Pemiscot County Special School District.
- 2. I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services, Missouri State Highway Patrol and/or the Missouri Department of Elementary and Secondary Education as a condition for consideration of my application for employment. I understand that I will be responsible for paying for such checks and/or fingerprints as a condition of my 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 for one school year. I understand that I must re-submit another application each school year.

Signature

Date

NOTE: <u>Applicant MUST bring a copy of the Background Clearance letter received prior to being</u> <u>approved to substitute teach in this district.</u> Applicants with approved applications will be presented to the Board of Education for approval to substitute in this district.