

NORTHEAST VERNON COUNTY R-I
OFFICE OF SUPERINTENDENT
216 EAST LESLIE AVENUE
WALKER MO 64790
(417) 465-2221 FAX (417) 465-2388

PERSONNEL SERVICES

FORM 4120

Employment

Employment Application – Certified Staff

APPLICATION FOR CERTIFIED POSITION

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 Christina Jones at (417) 465-2221.

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 appear on your transcript or records:

Social Security Number: _____

Current Address: _____
Street City State Zip

Current Phone: _____

Email Address: _____

Date Available: _____

Certification Type _____ (Life, PC1, Etc.) Other _____

State (s) _____ Subject(s)/Area(s) _____

Grade Level(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? _____

_____.

	Name and location	Dates of attendance	Names of degree	Major	Hrs Under Graduate	Hrs Graduate	Overall GPA
High School							
Colleges/Universities							

Educational Preparation:

Teaching Experience

District Name & Location	Position	Dates of Employment	Reason for Leaving	Supervisor	Phone

Other Work Experience

Employer Name & Location	Position	Dates of Employment	Reason for Leaving	Supervisor	Phone

References:

Name	Email Address	Phone	Position

