CERTIFIED STAFF APPLICATION

Richards R-V School District
3461 County Road 1710
West Plains, MO 65775
Phone: 417/256-5239
Fax: 417/256-3314

(Please include Resume)

(Please print or type) Date: _____

PERSONAL:

Name: _____
Last First Middle

Address: _____
Number & Street City State Zip

Email Address: _____

CERTIFICATION (Attach copy of certificate):
Missouri State Law requires all public school teachers to hold a valid teaching certificate.
Do you have a valid teaching certificate? Yes___ No___
Be specific-subject/grade level:

_____
_____
_____

Has your contract ever been non-renewed by your board? Yes___ No___
If Yes, explain:

_____
_____
_____

Have you ever been convicted of a felony? Yes___ No___
(If employment is offered, applicant must complete fingerprint search through FBI criminal history records. Applicant's privacy will be protected.) If Yes, explain:

_____
_____
_____

Are you legally eligible for employment in the United States? Yes___ No___

Do you have impairments, physical or mental, which would interfere with your ability to perform the duties of the position(s) for which you have applied? Yes___ No___
If Yes, describe the impairments and the specific work limitations:

_____

UNDERGRADUATE WORK (Attach copy of transcripts):

Name of School Attended	Location	Semester Hours*	Major	Minor	Degree

List activities outside the classroom in which you participated actively while attending college:

_____

_____

_____

*60 hour minimum requirement.

GRADUATE WORK (Attach copy of transcripts):

Name of School Attended	Location	Semester Hours	Major	Minor	Degree

Check activities you would direct, supervise or coach:

Newspaper	_____	Cross Country	_____	Track	_____
Yearbook	_____	Basketball	_____	Soccer	_____
Drama	_____	Volleyball	_____	Softball	____

Clubs (specify): _____

EMPLOYMENT HISTORY (Attach copy of resume) **:**
Basic salary is determined by evaluating teaching experiences in the last ten years. Include only the experience for which pay was received for full-time teaching. Substitute, part-time, or student is not considered. If only fractional part of a year was taught, give number of months. Give last date taught, first.

Years Taught	Position	School Name/Address	Grades	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Signature of Applicant: _____ **Date:** _____

This school district is an equal opportunity employer and in compliance with all applicable federal regulations