

# Stockton Public School

PO Box 190

Stockton Missouri 65785

## CERTIFICATED PERSONNEL APPLICATION

Please furnish all information requested on this application, do not refer to other sources.

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Present Address \_\_\_\_\_  
Street/PO Box City State Zip Tel #

Permanent Address \_\_\_\_\_  
Street/PO Box City State Zip Tel #

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Position for Which Application is Made

\_\_\_\_\_ 1<sup>st</sup> Choice 2<sup>nd</sup> Choice 3<sup>rd</sup> Choice

### An Equal Opportunity Employer

The District does not discriminate against any applicant, employee or student on the basis of race, creed, national origin, marital status, handicap, or sex.

#### **For Office Use Only**

Assignment \_\_\_\_\_ Effective Date \_\_\_\_\_  
Step \_\_\_\_\_ Degree \_\_\_\_\_ Base Salary \_\_\_\_\_  
Extra Duties \_\_\_\_\_  
Total Salary \_\_\_\_\_

## Certification

Missouri Certification \_\_\_\_\_ Level \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ Level \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ Level \_\_\_\_\_ Expiration Date \_\_\_\_\_

Out of State Certification \_\_\_\_\_

### Educational and Professional Training

	Name of School or Institution	Degree or Diploma	Dates
High School			NA
College or University			
College or University			
College or University			

Undergraduate Major \_\_\_\_\_ Minor \_\_\_\_\_

Graduate Major \_\_\_\_\_ Graduate Hours \_\_\_\_\_

### Student Teaching

Name of District, School & City	Grades/Subjects	Dates

### Teaching Experience

Name of District, School & City	Grades/Subjects	Dates

Present Salary \_\_\_\_\_ for \_\_\_\_\_ months Salary required \_\_\_\_\_



### Experience Other Than Teaching

Name of Firm & Location	Type of Work	Dates

**Note: All time must be accounted for.**

### References

Five references are required for employment, including superintendents, principals, or supervisors under whom you have taught and who have first hand knowledge of your character, personality, scholarship and teaching ability.

Name	Official Position	Address/Telephone

I certify that the facts set forth in this application are true and complete, and I hereby authorize Stockton School District to collect information concerning my character, personality, scholarship and general teaching ability. I hereby release prior employers, including school districts, from liability and authorize same to furnish any information about me and my work performance, including but not limited to discipline records and performance evaluations. I understand that false statements employed in this application may be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature/date

**Minimum Preparation:** A bachelor's degree is required for placement in Stockton Schools and an advanced degree may be required in some areas.

**Certification:** A degree certificate issued by the Missouri State Board of Education. Applicants should communicate with Teacher Certification, Department of Elementary and Secondary Education, PO Box 480 Jefferson City, MO 65101.

**Salary Schedule:** Teachers are placed on the salary schedule according to Board policy, training and experience.

**Transcript:** In case of appointment it will be necessary to submit an official transcript.

**Applications are kept on file for a period of six (6) months from the Date of Application.**

**Return Application to** Mr. Doug Crawford, Superintendent  
Stockton R-I Public Schools  
PO Box 190  
Stockton MO 65785  
1-417-276-5143