

Do you hold, or are you eligible for, a Missouri Teacher Certificate? _____

TYPE OF CERTIFICATE: _____

Where did you do your Student Teaching? _____

TEACHING EXPERIENCE				
NAME/LOCATION OF SCHOOL	DATES	NUMBER OF MONTHS EMPLOYED	NUMBER OF TEACHERS IN SYSTEM	NATURE OF WORK, LEVELS, SUBJECTS, CO-CURRICULAR, ETC.

WORK EXPERIENCE OTHER THAN TEACHING					
EMPLOYER	ADDRESS	TYPE OF WORK	FULL/PART TIME	FROM	TO

List membership in Professional Organizations: _____

Extra-Curricular activities of special interest to you: _____

List Extra-Duty assignments you would be interested in sponsoring: _____

List college activities engaged in and honors received in high school, college, civic clubs and other organizations.

Give a brief statement of interests or use of leisure time: _____

List memberships in civil or fraternal organizations: _____

REFERENCES		
(List below at least three references who can speak for your professional competence, personality and character.)		
NAME	ADDRESS	POSITION

(Include written testimonials if you desire)

Why did you choose teaching as a profession? _____

North St. Francois County R-I School District

RELEASE

PLEASE READ BEFORE SIGNING

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

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.

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.

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.

I understand that this application will be considered active for one year. I understand that if I wish my candidacy to remain open after that date, I must submit another application.

Signature

Date

Print Name