Re



# **Cole R-1 School District Employment Application**

## **CLASSIFIED POSITION**

The Cole County R-1 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 accommodations 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 accommodations you feel are 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 573-782-3534.

Please	check positions for whi	ch you are applyin	g:			
	Secretary			Custodian		Bus Mechanic
	Nurse			Maintenance		Bus Driver
	Paraprofessional Teac	her/Library		Food Service		Other:
Would	you work:					
	Full-time	☐ Part-time		☐ Substitute	Date A	Available:
				quire lifting, carrying 50 u cannot perform these		aching, pushing, walking, twisting, ements?
PERSO	ONAL INFORMATIO	N				
Last Nan	ne	- F	irst Na	ime	N	liddle
Other na	mes that may appear on tran	scripts or records		Email Address		
Current	Address					
Home Ph	none		Cell Pho	one	So	ocial Security Number
List name, address, and phone number of someone who will always know your address. Do not list spouse.						
Are yo	ou over the age of 17?   Yes	Hav	e you	u ever been employed Yes	l by the Cole R- ☐ No	1 School District?
If you	held previous posit	ions with the d	istric	t, list dates of emplo	oyment.	

Have you	ı ever been co	nvicted	d or pled guilty to a fel	ony?	☐ Yes ☐ No	
If yes to	If yes to the above question, give dates and describe in full.					
			tiated as a perpetrator ouri or any other state		y child abuse or neglect report made to the Division of Family	
Е	□ Yes		No			
Are you	legally eligible	e for en	nployment in the Unit	ed Sta	tes?	
Г	□ Yes		No			
_	03	_				
SECRET	ARIAL APPLI	CANTS				
Cneck tr	ne skiiis in whi	cn you	have had training or e	experie	ence.	
	Typing		]		Word Processing	
	Data Entry		]		Computer Software (see below)	
Other _						
Describe	e computer so	ftware	experience.			
	·		·			
NURSE	APPLICANTS					
Λ raa	ragistared in th	ha state	o of Missouria	Lico	nse Number:	
Are your □ Ye	_	ne state No	e of Missouri?		-	
_				Expl	ration Date:	
Are you (	CPR certified?			CPR	Expiration Date	
□ Y∈		No	)			

List experience in community health work and Health Ed Programs.

### **CUSTODIAL / MAINTENANCE / BUS MECHANIC / FOOD SERVICE APPLICANTS**

Che	ck the areas in whi	ch yo	ou have had training or exp	perie	nce.		
	Electricity		Plumbing		Masonry		Roofing
	Painting		Carpenter		Furniture Building		Computer Operation
	Design Drafting		HVAC		Electronic/Electrical Brakes		Welding
	Sheet Metal		Engine Mechanic		Cleaned Restrooms		Trans/Drive Lane
	Licensed MVI		Heavy Equip Mechanic		Lights / Electrical		Stripped Floors
	Waxed Floors		Cleaned Carpets		Cook		Baking
	Cashier		Salad Preparation				Serving
List	experience related	l to aı	ny of these skills.				
	ORIVER APPLICAN Number	TS	Issuing State			Expira	ation Date
	Have you had <b>ANY</b> moving traffic violations or accidents within the last 5 years?  Yes No  If YES, please explain?						
AIDE	APPLICANTS / P.A	.T. A	PPLICANTS				
Have you attended college?				If yes, semesters? <b>NOTE</b> : M	ail co <sub>l</sub>	py of transcript.	
	Yes 🗆	N	0	-			
Do you hold a Missouri teaching certificate?			If yes, list certificates.				
	Yes	N	0	-			
Do yo	ou have CDA Certif	icatio	n?				
	Yes 🗆	N	0				
	you worked in a li		o es accredited child care		If yes, where and how long?		

#### **EDUCATION**

#### **HIGH SCHOOL**

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Nama	วทศ	location
Ivallic	anu	iocation

#### **COLLEGES / UNIVERSITIES**

	,
Name and Address	
Dates Attended	
Degree	
Major	
Overall GPA	
Additional Hours	

Name and Address	
Dates Attended	
Degree	
Major	
Overall GPA	
Additional Hours	

List activities outside the classroom in which you participated actively while attending high school or college.

College Major – please mail copy of transcript	Number of hours in major?
Number of hours in Education?	
College Minor - please mail copy of transcript	Number of hours in minor?
Total number of college hours?	

#### **CERTIFICATION OR LICENSE**

List certifications of licenses you hold giving both the name and the expiration date. Please mail a copy of certificates and licenses.

#### **EMPLOYMENT HISTORY**

Include complete full-time and part-time employment records. Start with present or most recent employer.

Employer 1			
Name			
Address	City / State	/ Zip	
Supervisor's Name		Telephone	
Job Title	Start Date		End Date
Reason for Leaving			
Employer 1			
Name			
Address	City / State	/ Zip	
Supervisor's Name		Telephone	
Job Title	Start Date		End Date
Reason for Leaving			
Employer 1			
Name			
Address	City / State	/ Zip	
Supervisor's Name		Telephone	
Job Title	Start Date		End Date
Reason for Leaving			
Employer 1			
Name			
Address	City / State	/ Zip	
Supervisor's Name		Telephone	
Job Title	Start Date		End Date
Reason for Leaving			

We may contact the employers listed unless you indicate those you do not want contacted. List below the employer's name and explain why you do not want them contacted.					
Have you ever been discharged or asked to resign from a position? □ Yes □ No If yes, please explain.					
REFERENCES Three Reference	ces are required.				
Reference 1					
Name					
Address					
Phone	Position or Title				
Reference 2					
Name					
Address					
Phone	Position or Title				
Reference 3					
Name					
Address					
Phone	Position or Title				
	L REQUIRED INFORMATION				

Thank you for your interest in applying for employment in our district. To complete the application process, please mail the following items to:

> Cole R-1 School District Office of the Superintendent 13600 Route C Russellville, MO 65074

- ✓ An unofficial copy of your latest transcript(s). An official copy will be required if you are employed
- ✓ A copy of your MO teaching certificate or verification of eligibility for a MO teaching certificate
- √ Three (3) letters of recommendation
- ✓ A copy of your resume
- ✓ A copy of Application

You application will become active once all of the above information has been received. Your application will remain active for six months at which time you must resubmit a new application.