

Calhoun R-VIII School District

Home of the Eagles

409 S. College
Calhoun, MO 65323
Phone (660) 694-3422
Fax (660) 694-3501

APPLICATION FOR EMPLOYMENT

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 the school Superintendent at (660) 694-3422 x~~262~~²³⁰² or school Principal at (660) 694-3422 x~~242~~.

All applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary.

Date: _____ Position for which you are applying: _____

Date available for work: _____ Social Security Number: _____

Last Name	First Name	Middle Initial
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Other names that that you have used.

Current Address: _____

Street	City	State	Zip Code
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Permanent Address: _____

Street	City	State	Zip Code
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Home Phone: _____ Cell Phone: _____

Email Address: _____

EDUCATION

	NAME AND LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE RCVD	MAJOR	OVERALL GPA
HIGH SCHOOL		N/A	N/A	N/A	N/A
COLLEGES/UNIVERSITIES					

WORK EXPERIENCE

EMPLOYER NAME & LOCATION	POSITION	RESPONSIBILITIES	DATES OF EMPLOYMENT	SUPERVISOR	PHONE

REFERENCES

NAME	ADDRESS	PHONE	POSITION

ACKNOWLEDGEMENTS

READ CAREFULLY BEFORE SIGNING

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

1. 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.
2. 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.
3. 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.
4. I understand that this application will be considered active for 6 (six) months. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature

Date

.....
Do not write below this line – for administrative use only.

Date received: Application _____ Credentials _____ Transcripts _____

Date Interviewed: _____ Interviewed by: _____

Date and time: Applicant notified _____

Date and time: Applicant accepted _____

Position offered: _____

Salary step and level: _____