



JENNINGS SCHOOL DISTRICT

2559 DORWOOD DRIVE, JENNINGS, MO 63136
 314-653-8000 Main office 314-653-8030 Fax

Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a violation of law other than a minor traffic?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever had a professional certificate revoked or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you been convicted of any offense for physical or sexual abuse of a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever had a charge of child abuse against you substantiated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been involuntarily terminated or asked to resign, in lieu of termination from another school district?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To		Degree
College		Address	
From	To		Degree
Other		Address	
From	To		Degree

CERTIFICATIONS	
Content Area	Expiration Date
Content Area	Expiration Date
Content Area	Expiration Date

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Applicant Affirmation Statement

I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by the School District, I will abide by all Board of Education and school policies, work on assigned committees, and continue my professional growth to the best of my ability and within reasonable and personal standards. I grant permission for school officials to obtain a personal record check from the federal, state, county, and/or local law enforcement agencies and Division of Family Services; also a credit history check may be made. I release individuals listed as references and current or former employers from any liability for information given in response to a request for an employment reference. I understand that I will be required to take a drug test and physical exam prior to assuming any position for which I may be employed. In the event that 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 the discovery of the false or misleading information. I understand that this application will be considered active for one year from date of submission.

Signature

Date

EQUAL OPPORTUNITY – OPTIONAL APPLICANT SECTION

This information will not be used for making employment decisions and will not be kept with your application for employment.

The information in this section is needed to analyze and assure compliance with State and Federal Equal Employment Opportunity laws and to meet the reporting requirements of these laws. After this information is recorded, this section will be separated you're your employment application.

Check the appropriate block:

Gender

Male

Female

Age group

Under 19

20-30

31-40

Over 40

Race or Ethnic Group

White

Black or African-American (Non-Hispanic)

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

Position(s) applying for: