



Application for Employment

EEO/ADA Employer

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 or 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 nondiscrimination, you may contact Plato R-V Central Office (417) 458-3333.

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

POSITION FOR WHICH YOU ARE APPLYING:				
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/>				
Last Name		First Name		Middle Initial
Mailing Address		City, State		Zip
Home Telephone No.	Cell Telephone No.	Business Phone No	E-Mail Address	
Driver's License #	State	Expiration Date	<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL (present license for HR to copy)	License Class Endorsement
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for, or charged with or convicted of a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00) If "yes" please explain: _____ _____ _____				(Inaccurate information here will result in disqualification.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00) If "yes" please explain: _____ _____ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Missouri Division of Family Services or a similar agency in any other state or jurisdiction, ever issued a determination or finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological or sexual abuse or neglect of a child? If "yes" please explain: _____ _____ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever failed to be re-employed by an educational institution? If "yes" please explain: _____ _____ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

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RELATED LICENSES (provide current original for HR to copy)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

SKILLS

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Word | <input type="checkbox"/> Typing ___ wpm | Languages spoken and written fluently

_____ |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Other software | |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> _____ | |

EMPLOYMENT HISTORY

May we contact your present employer? YES NO Comment:

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address <u>(city and state are required)</u>
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor

Telephone Number

Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address <u>(city and state are required)</u>
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor

Telephone Number

Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address <u>(city and state are required)</u>	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor

Reason for Leaving				
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Title of Position Held			Number & Job Title of Employees you Supervised	
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Describe job responsibilities in order of importance:				

4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address <u>(city and state are required)</u>	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor

Reason for Leaving				
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Title of Position Held			Number & Job Title of Employees you Supervised	
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Describe job responsibilities in order of importance:				

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address <u>(city and state are required)</u>	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor

Reason for Leaving				
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Title of Position Held			Number & Job Title of Employees you Supervised	
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Describe job responsibilities in order of importance:

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give the Plato R-V School District the right to investigate all information given and to secure additional appropriate information if necessary. 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 through May 2022. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature	Date	Social Security Number

FOR HUMAN RESOURCES DEPARTMENT USE ONLY		
Date Received:	Transcripts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Interviewed:	Interviewed By:	
Date and Time Applicant Notified:	Date and Time Applicant Accepted:	
Position Offered:	Salary (Step and Level):	
Previous Years in Plato R-V District:	Total Years Taught:	Total Years Taught in MO: