APPLICATION FOR *CLASSIFIED POSITION*
HURLEY R-I SCHOOL DISTRICT
86 HOLT SPRING RD, HURLEY, MO 65675
(417) 369-3271 Fax (417) 369-2212

Hand deliver, mail, or email complete application to:
Superintendent of Schools or Appropriate Building Administrator

Application Information

Date of Filing Application: _____ Date Available: _____

Name: _____
Last First Middle

Present Address: _____
Street Address Apartment/Unit#

_____
City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Permanent Address: _____
Street Address Apartment/Unit#

_____
City State Zip Code

Date of Birth:

Social Security Number:

Position Desired

First Choice	Second Choice	Third Choice

What student activities are you able and willing to sponsor or coach?

First Choice	Second Choice	Third Choice

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered without regard to race, color, religion, gender, national origin, age marital or veteran status, sexual orientation, or the presence of a non-job related medical condition or disability. Specific complaints of alleged discrimination should be referred to the Superintendent of Schools: 86 Holt Spring Rd, Hurley, MO, 65675, telephone (417) 369-3271.

Certification

Do you hold a valid Missouri Certificate or Credentials? Yes ☐ No ☐

Issued Date: _____ Effective Date: _____ Expiration Date: _____

If you do not hold a Missouri certificate, will you qualify for one by the opening of school?
Yes ☐ No ☐

If you hold a temporary certificate, give the date of expiration. _____

List the levels and fields for which you have a certificate or credentials.

Level	Field
1	
2	
3	
4	

Number of graduate hours earned since certificate was issued: _____

Number of years you have in relevant experience: _____

Highest Degree earned: _____

Education and Professional Training

Names of School or Institution	Address	Degree Earned/Graduation
Elementary School		
High School		
College or University		

Employment History

Relevant Work Experience

Name of District or company	Address	Grade/Subject Area	Inclusive Dates Mo/Yr to Mo/Yr	Number of Months

Have you ever failed to be re-employed? Yes ☐ No ☐

If yes, indicate where and please state reasons. _____

_____

All Work Experience (Start with your last job)

	Address	Grade/Subj. Area or Job Title	Inclusive Dates Mo/Yr to Mo/Yr	Number of Months

References (Five references are required for employment)

1. Name	Phone #
Address	
2. Name	Phone #
Address	
3. Name	Phone #
Address	
4. Name	Phone #
Address	
5. Name	Phone #
Address	

Miscellaneous

Record here any special training not included above and any trade experience in manual and industrial arts. List any special activities, workshops and/or seminars, or special training which you feel have contributed to your preparation for being a teacher. State any additional information you feel may be helpful to us in considering your application.

Other than minor traffic offenses for speeding, parking violations, etc., have you ever been convicted of any criminal offenses? Yes ☐ No ☐ If yes, please explain: _____

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Why did you leave your last position? _____

What was your last salary? $ _____

Why do you seek a position in this school? _____

Are you aware of any reason you would not be able to perform the duties of the position for which you are making application? Yes ☐ No ☐ If yes, please explain: _____

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the District.

Signature of Applicant

Information for Applicant

Minimum Requirements for Employment

A Bachelor's Degree in education from an accredited college or university and a Missouri certificate. In accord with the Immigration Reform and Control Act, all persons offered employment must present proof of identity and authorization for employment in the United States.

Credentials: Applicants should request references be sent from parent college or university.

Certification: A degree certificate issued by the Missouri State Board of Education or other entity is required. To qualify for a degree certificate, transcripts must indicate a Bachelor's Degree, including the required number of semester hours in education. Applicants should communicate with the Director of Certification, State Department of Education, P.O. Box 480, Jefferson City, MO 65102 regarding certificates. Phone (573) 751-3486.

Interviews: Interviews will be scheduled as openings occur.

Salary Schedule: Staff are placed on the salary schedule according to their training and experience.

Transcript: If there is not an official college transcript included in your credentials, please have one forwarded.

An application may be renewed by contacting the superintendent's office.

Please return completed application to:

Superintendent of Schools
86 Holt Spring Rd
Hurley, MO 65675

I hereby voluntarily authorize the Hurley R-I School District to release or receive information in reference to my employment. I understand that any information released by my prior employer will be held in the strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Signature *Date*

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any)* *(mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative