



SMITHTON R-VI SCHOOL DISTRICT

505 S. Myrtle · Smithton, MO 65350 · (660)343-5316

EQUAL OPPORTUNITY EMPLOYER

WE ARE REQUIRED TO PARTICIPATE IN E-VERIFY

APPLICATION SUPPORT STAFF & SUBSTITUTE

Date: _____ Position Desired: _____

| | | | |
|--|------------------------|---|---------------------------|
| PERSONAL DATA | | | |
| Name (last, first, middle) | | | |
| Street Address and/or Mailing Address | | City | State |
| Home Telephone Number | | Email Address | Cellular Telephone Number |
| Date you can start work | Social Security Number | Do you have a High School Diploma or GED? Yes_____ No_____ | |
| Are you authorized to work in the U.S. on an unrestricted basis? Yes_____ No_____ | | | |
| Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes_____ No_____ | | | |
| If yes, explain: | | | |
| Have you ever been asked to resign or not been reappointed: Yes_____ No_____ | | | |
| If yes, explain: | | | |
| Have you ever been arrested for, 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) This question <u>must</u> be answered. Yes_____ No_____ | | | |
| If yes, explain: | | | |
| Have you ever plead guilty or nolo contendere (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.) This question <u>must</u> be answered. Yes_____ No_____ | | | |
| If yes, explain: | | | |
| Has the Missouri Department of Family Services or a similar agency in any other state or jurisdiction ever issued a determination of finding of cause or reason to believe or suspect that you had engaged in the physical, emotional, psychological, or sexual abuse or neglect of a child? This question <u>must</u> be answered. Yes_____ No_____ | | | |
| If yes, explain: | | | |
| Can you perform these essential functions of the job with or without reasonable accommodation? Yes_____ No_____ | | | |

Education: Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

| | School Name | Degree | Address/City/State |
|---------------|-------------|--------|--------------------|
| High School | | | |
| College/Univ. | | | |
| Other | | | |

SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.

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REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

| | | |
|---------------------|------------------------|----------------------|
| Job Title #1 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | | |

May we contact your present employer? Yes No N/A

| | | |
|---------------------|------------------------|----------------------|
| Job Title #2 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |

| | | |
|---------------------|------------------------|----------------------|
| Reason for Leaving | | |
| Job Title #3 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | | |

| | | |
|---------------------|------------------------|----------------------|
| Job Title #4 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | | |

I hereby authorize Smithton R-VI School District to contact past and/or present employers to verify employment, attendance, work habits, and complete a background check of all records to arrests, criminal convictions, and child abuse or neglect reports. In addition, I hereby authorize investigation of all statements in this application and understand that misrepresentation or omission of facts is cause for dismissal anytime during my employment period.

I understand that employment with Smithton R-VI School District is contingent upon the satisfactory outcome of a criminal fingerprint background report from the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI). I understand that an unsatisfactory criminal records history or child abuse/neglect history is grounds for termination of my employment with the Smithton School District. I understand that the Board of Education will make the ultimate decision as to whether a particular applicant or employee's criminal record or child abuse/neglect history is unsatisfactory.

I understand the Board of Education shall not tolerate the unlawful manufacture, use, possession, sale, distribution, or being under the influence of drugs or controlled substances; nor shall the Board tolerate the unlawful use, or being under the influence of alcohol by an on-duty employee. Any employee who violates this policy will be subject to disciplinary action which may include employment termination and referral for prosecution. As a condition of employment, the employee must abide by the terms of this policy and will notify the superintendent of any criminal drug statute conviction for a violation occurring in or on the premises of this school district or while engaged in regular employment.

Should I be employed by Smithton R-VI School District, I will support the educational program and follow all rules and regulations of the District. I agree to promptly notify the District of any changes of address during my employment. I agree to release the District from liability for disclosure of employment information for future employment reference checks.

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE- FOR ADMINISTRATIVE USE ONLY

Date Documents Below Received:

Application: _____

Date Interviewed: _____

Interview Team: _____

Date and Time Applicant Notified: _____

Date and Time Applicant Accepted: _____

Position Offered: _____

Salary Step and Level: _____