



MACON COUNTY R-I SCHOOL DISTRICT

*702 North Missouri
Macon, Missouri 63552*



Superintendent of Schools

Phone: (660) 385-5719
Fax: (660) 385-7179

Dear Applicant

Thank you for your interest in applying for a position in the Macon R-I School District. Please complete the job application, beginning on the next page, and submit it, along with the following items, for a complete application file:

1. Letter of application, stating your interest in applying for this position.
2. Copy of your latest transcript(s). An official copy of your transcript(s) will be required if you are employed.
3. Include evidence of Missouri Teaching Certificate or eligibility thereof.
4. Request your placement file be sent to Macon R-I or submit 3 or 4 recent letters of recommendation.
5. Submit a copy of your resume.

All application materials should be sent to the building-level principal, as indicated in the job placement notice, using the address at the top of this page.



APPLICATION FOR A CERTIFICATED POSITION

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 Superintendent's Office at 660-385-5719.

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

Date _____

Last Name	First Name	Middle Name
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Other names that may appear on your transcripts or records:

Social Security Number _____

Current Address _____

Street	City	State	Zip
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Current Phone _____

Permanent Address

Street	City	State	Zip
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Permanent Phone _____

Date Available _____

Certification: Type _____ (Life, PC1, Etc. Other _____)

State(s) _____ Subject(s) _____

Grade Level(s) _____ Expiration date(s) _____

Other information regarding your Certification and/or certification status: _____

Position(s) for which you are applying: _____

Subject(s) _____

Grade Level(s) _____

Are you available for substitute teaching? _____ Paraprofessional? _____

Extra duty positions you may be interested in sponsoring or coaching:

Educational Preparation:

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



Teaching Experience (If none, list student teaching experience):

DISTRICT NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

Other Work Experience:

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

References:

NAME	ADDRESS	PHONE	POSITION



Employment Questions:

1. 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)_____

2. 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)_____

3. 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?

4. Have you ever failed to be re-employed by an educational institution?_____

If the answer to any of the foregoing questions is "yes" please explain; use a separate sheet if necessary:



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.

Signature

Date

Do Not Write Below This Line - For Administrative Use Only

Date received: Application_____ Credentials_____ Transcript _____

Date interviewed:_____ Interviewed by:_____

Date and time: Applicant notified_____

Date and time: Applicant accepted_____

Position offered: _____

Salary step and level: _____

Career Ladder Eligible: Yes_____ No_____ If yes, Stage: _____



