

**Employment**

**Employment Application - Certificated Staff: Administration**

**APPLICATION FOR AN ADMINISTRATIVE POSITION**

The Pleasant Hope 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 the Superintendents office at 417-267-2850.

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: \_\_\_\_\_

**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:**

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

Administrative Experience:

DISTRICT NAME & ADDRESS	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:

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**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.
4. I understand that this application will be considered active through April 30th. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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**Do Not Write Below This Line - For Administrative Use Only**

Date received: Application \_\_\_\_\_ Credentials \_\_\_\_\_ Transcripts \_\_\_\_\_

Date interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Date and time: Applicant notified \_\_\_\_\_

Date and time: Applicant accepted \_\_\_\_\_

Position offered: \_\_\_\_\_

Salary step and level: \_\_\_\_\_

**APPLICANT QUESTIONS**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Please respond to the following questions in your own handwriting.

1. Why did you decide to become an administrator and why are you seeking this position?

2. What student outcomes would you strive for as a administrator?

3. Write a brief autobiography focusing on the important people and events in your life.