

**STOUTLAND R-II SCHOOL DISTRICT**

7584 State Road T  
Stoutland, Missouri 65567

**APPLICATION FOR AN ADMINISTRATIVE 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 the central office at 417-286-3711.

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

Current Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Permanent Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Date Available \_\_\_\_\_

Certification: Type \_\_\_\_\_ (Life, PC1, Etc.) Other \_\_\_\_\_

State(s) \_\_\_\_\_ Number \_\_\_\_\_ Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Expiration date(s) \_\_\_\_\_

Credentials on file at \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Other information regarding your Certification and/or certification status: \_\_\_\_\_

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Position for which you are applying:

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### EDUCATIONAL PREPARATION

Please list the school(s) you attended. Beginning with high school and ending with the last college/university attended.

School and Address	Dates Attended	Degree Confirmed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Undergraduate Hours Completed \_\_\_\_\_

Total Graduate Hours Completed \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_ GPA \_\_\_\_\_

## ADMINISTRATIVE EXPERIENCE

District Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

District Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

District Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

District Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

District Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

District Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

District Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

## TEACHING EXPERIENCE

Please list your teaching experience beginning with your last position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

## REFERENCES

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 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 30<sup>th</sup>. 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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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 have you chosen teaching as your profession?
2. What student outcomes would you strive for as a teacher?
3. Write a brief autobiography focusing on the important people and events in your life.