

**CHADWICK R-I SCHOOL DISTRICT**

**APPLICATION FOR A SUPPORT STAFF POSITION**

The Chadwick R-I 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 District Principal at (417)634-3588.

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 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

Street City State Zip

Current Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

Street City State Zip

Permanent Phone \_\_\_\_\_

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

Position(s) for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Skills you possess pertaining to the 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					
BUSINESS/ TRADE SCHOOLS					

Work Experience:

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

References:

NAME	ADDRESS	PHONE	POSITION



**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 \_\_\_\_\_ Transcripts \_\_\_\_\_ Letters of Reference \_\_\_\_\_

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

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

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

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

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