



**Breckenridge R-I School District  
Application for Certified Position**



**400 W. Colfax**

**Breckenridge, Missouri 64625**

**660-644-5715**

**660-644-5710 (Fax)**

The Breckenridge 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 accommodations 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 or about the District policy of non-discrimination, you may contact John Dunham at 660-644-5715.

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

Date: \_\_\_\_\_

Last Name	First Name	Middle Initial
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List any other names which may appear on transcripts or records:

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Street or Apt.	City	State	Zip
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Current Phone: (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

**Professional Certification:**

Type	State	Subject	Grade Level	Expiration Yr.

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

Please list any extra duty positions that you may be interested in sponsoring or coaching:

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**Educational Preparation:**

		Name and City, State	Dates of Attendance	Degree attained	Major	Overall GPA
High School						
College/ University						

**Teaching Experience: (If none then list student teaching)**

District Name and Location	Grade/ Subject	Dates of employment	Number of years	Supervisor	Phone

Other Work Experience:

Employer Name and Location	Position	Dates of employment	Number of years	Supervisor	Phone

Professional References: Please provide the names of at least 3 individuals with knowledge of your ability to perform the duties required for the position for which you are applying. If you have no experience in the field list your student teaching classroom supervisor first and your supervising administrator second.

Name	Address	Phone	Position

Employment Questions:

1. Have you ever been arrested for, charges with, or convicted of a felony or misdemeanor? (Traffic tickets for which you are jailed or have fined under \$100 are excluded)\_\_\_\_\_
2. Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Traffic tickets for which you are jailed or have fined under \$100 are excluded)\_\_\_\_\_
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 forgoing questions in "YES" please explain. Use a separate sheet of paper 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 liability or damages of any nature as a result of providing such information. My current and former employers may rely on a signed copy of this release.
2. I understand and consent to having criminal and arrest records checked as well as any 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 and information 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 subsequent interview(s), I understand that my employment may be terminated at any time after discovery of false or misleading information.
4. I understand that this application will be considered active through August 1. I understand that if I wish my candidacy to remain open after that date that I must submit another application.

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

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**DO NOT WRITE BELOW THIS LINE- ADMINISTRATIVE USE ONLY**

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

Date Interviewed: \_\_\_\_\_ Contract offered (Date and Time): \_\_\_\_\_ Accepted: \_\_\_\_\_

Position offered: \_\_\_\_\_ Salary Step and Level: \_\_\_\_\_ Salary amount: \$ \_\_\_\_\_

Extra Duty positions: \_\_\_\_\_

