**North Shelby School District**

**3071 Hwy. 15, Shelbyville, MO 63469**

**APPLICATION FOR A SUPPORT STAFF POSITION**

The North Shelby 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 main office at 573-633-2410   
or 660-284-6413.

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

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| --- | --- |
| Support Staff Application | |
| Date Click here to enter a date. | |
| Name Click here to enter text. | |
| Other names that may appear on your transcripts or records Click here to enter text. | |
| Social Security Number Click here to enter text. | |
| Current Address Click here to enter text. | |
| Phone Click here to enter text. | Cell Click here to enter text. |
| Permanent Address Click here to enter text. | |
| E-mail Address Click here to enter text. | |
| Date Available Click here to enter text. | |

Position(s) for which you are applying Click here to enter text.

Skills you possess pertaining to the position(s) for which you are applying Click here to enter text.

Educational Preparation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name & Location | Dates of Attendance | Name of Degree | Major | Overall GPA |
| High School | Click here to enter text. | N/A | N/A | N/A | N/A |
| Colleges/Universities | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Business/Trade Schools | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |  |  |

Work Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name & Location | Position | Dates of Employment | Number of Years | Supervisor | Phone |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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References

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Position |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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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.) YES  No
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.)  
   YES  No
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?   
   YES  No
4. Have you ever failed to be re-employed by an educational institution? YES  No

If the answer to any of the previous questions is “yes,” please explain; use a separate sheet if necessary.

Click here to enter text.

READ CAREFULLY BEFORE SIGNING

I acknowledge and agree to the following provisions as conditions for 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 have an FBI fingerprint background check completed 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 subsequence employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.

Signature Date

**EQUAL OPPORTUNITY EMPLOYER**

**Official employment is contingent upon receiving favorable results from the FBI fingerprint background check.**

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: