

Crocker R-II School District
P.O. Box 488
Crocker, MO 65452
(573)736-5000

APPLICATION FOR EMPLOYMENT

 (Last Name) (Middle) (First)

Address _____ City _____ State _____ Zip _____

Phone Number(s) _____ E-mail _____

Position Desired: _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discriminations based on ancestry, marital status or physical or mental handicap or disability.

EDUCATION AND PROFESSIONAL TRAINING

School or Institution	Date of Attendance
High School	
Professional Training	

GENERAL FACTS

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? If yes give date _____ Yes No

Are you currently employed? If yes give date _____ Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary?

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No

If #8 is yes: Offense _____ Date _____

EMPLOYMENT EXPERIENCE

Employer	Date Employed From	To	Work Performed
Address			
Telephone Number	Salary Starting	Final	
Job Title	Supervisor		Reason for leaving
Employer	Date Employed From	To	Work Performed
Address			
Telephone Number	Salary Starting	Final	
Job Title	Supervisor		Reason for leaving
Employer	Date Employed From	To	Work Performed
Address			
Telephone Number	Salary Starting	Final	
Job Title	Supervisor		Reason for leaving

List professional, trade business or civic activities and offices held.

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience)

Specialized Skills (i.e. Computer Programs) _____

Any additional information you feel may be helpful to us in considering your application: _____

Are you capable of performing in a reasonable manner the activities involved?
in the job for which you have applied?

Yes No

REFERENCES

Name	Address	Phone	Relationship

I hereby affirm that answers given on this application are true, complete, and correct, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information, intentional omissions or misrepresentations submitted on this application are cause for dismissal or non-renewal of contracts, and also that a satisfactory police record check must be filed with the Superintendent's office as a condition of employment.

I understand that, as required by law, it is the policy of the Crocker R-II School District not to discriminate on the basis of race, color, marital status, religion, sex, national origin, age, or disability in the admission or access to, or treatment or employment in, its programs and activities. Inquiries concerning the application or compliance with this policy may be referred to the Superintendent at (573)736-5000.

I authorize the Crocker R-II School District to obtain information related to this application from former employers, school personnel, references (unless otherwise noted) and any others with whom it desires and agree to hold such persons harmless with respect to any information that they may give. If employed I will comply with the rules and regulations set forth and communicated to all employees by the Board of Education.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

**I understand that by clicking this box, I am signing this application electronically.
I agree that my electronic signature is the legal equivalent of my manual signature.**

Applicant Signature

Date

Pursuant to the regulation of the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F, let it be known to all affected parties that it is the policy and intention of the Crocker R-II Schools to establish and maintain a workplace meeting all prescribed guidelines. Pursuant to the aforementioned act, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited while upon the premises of the Crocker R-II School. Violations of the above-mentioned prohibition shall result in disciplinary action being taken against the offender.

Drug-Free awareness materials are available to employees upon request to the Central Office.

As a condition of employment for all persons employed by the Crocker R-II Schools who are paid wholly, or in part, by Federal monies, the employee will:

1. Abide by the terms of the above-mentioned statement; and
2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

As per Federal Law please sign and date this portion of your application for employment.

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I agree that my electronic signature is the legal equivalent of my manual signature.**

Applicant Signature

Date