

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

APPLICATION FOR SUBSTITUTE TEACHING POSITION

(LAST NAME) (FIRST) (MIDDLE)

Present Address _____ CITY _____ STATE _____ ZIP _____

Phone # (____) _____ () Home () Mobile (other number: (____) _____)

Desired Assignment: () Elementary () High School () Both

Emergency Contact: _____
(Last Name) (First) (Middle) Relationship

Emergency Contact Phone #: (____) _____ () Home () Mobile

EDUCATION AND PROFESSIONAL TRAINING

School or Institution	Diploma, Degree, or Hours	Date Received
High School		
College or Institution		
Graduate Work		

Do you hold a valid Missouri Teaching Certificate? () Yes () No

What Grade/Subject/Type? _____

TEACHING EXPERIENCE

Name/Location of School or Institution	Grade/ Subject	Dates	Number of Months	Supervisor

GENERAL FACTS

1. Have you ever been dismissed from a position? Yes No
2. Have you ever been asked to resigned from a position? Yes No
3. Have you ever been asked to resign rather than face disciplinary action and/or non-renewal by an employer? Yes No
4. Have you ever been asked to resign rather than face disciplinary action against a license or certificate? Yes No
5. Have you ever been convicted of an offense other than a minor traffic offense? Yes No
6. Have you ever been convicted of or pleaded guilty to a felony or misdemeanor? Yes No
7. Has the Missouri Division of Family Services, or a similar agency in any other state or jurisdiction, ever issued a determination or finding or cause or reason to believe or suspect that you had engaged in the physical, emotional, psychological, or sexual abuse or neglect of a child? Yes No

If #8 is yes: Offense: _____ Date: _____

9. Have you been employed by the Crocker R-II School District before? Yes No

If yes: Position: _____ Date: From: _____ to _____

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.

Applicant Signature

Date