



HOLLISTER R-V SCHOOL DISTRICT

1798 State Hwy BB
Hollister, MO 65672

Application for Certificated Position

Date _____

Position(s) applied for: _____

Work desired: ___ Full-time ___ Part-time ___ Substitute ___ Aide

If part-time or substitute, specify days and hours available: _____

Date of Availability: _____

PERSONAL

Name: _____
Last First Middle

Other names that may appear on your transcripts or records: _____

Address: _____
Street Address City State Zip

Home Phone (____) _____ Cell Phone _____

Social Security # ____--____--____

Have you ever been employed with the school before? ___ yes, dates _____

Date Available to begin work _____

EDUCATION

SCHOOL	NAME OF SCHOOL ATTENDED	LOCATION	NO. OF YRS ATTENDED	GRADUATE? YES/NO
ELEMENTARY				
JUNIOR HIGH				
SENIOR HIGH				

List activities outside the classroom in which you participated while attending High School _____

Return Application to:
Hollister R-V School District
1798 State Hwy BB
Hollister, MO 65672
417-243-4000

Undergraduate work:

College, University. Attach copy of transcript(s).

NAME OF SCHOOL ATTENDED	LOCATION	NO. YRS. ATTENDED	MAJOR	MINOR	DEGREE

Undergraduate GPA – all subjects: _____ Undergraduate GPA – major: _____

List activities outside the classroom in which you participated while attending college

Graduate work: Attach copy of transcript(s).

NAME OF SCHOOL ATTENDED	LOCATION	NO. MOS. ATTENDED	COURSE	DEGREE

CERTIFICATION—(ATTACH COPY OF CERTIFICATE)

Missouri State Law requires all public school teachers to hold a valid teaching certificate.

Do you have a Missouri Teaching Certificate ___ No ___ Yes, in the following areas (be specific – subject/grade level) _____

If you do not have a Missouri Teaching Certificate, will you qualify for one prior to your available date to begin? ___ No ___ Yes, in the following areas (be specific – subject/grade level)

You must attach copy of Missouri teaching certificate or DESE web print out of certificate.

List Extra Duty Activities you can or would direct, supervise or coach:

AIDE AND SUBSTITUTE APPLICANTS please complete:

Total college hours (attach copy of transcripts) _____

Do you have a Missouri Teaching Certificate? _____ Yes _____ No

If yes, in what areas are you certified? _____

Subject(s)/Area(s) _____ Grade Level(s) _____

Expiration date(s) _____

Other information regarding your certification and/or certification status:

TEACHING EXPERIENCE:

YEARS TAUGHT	DISTRICT NAME & ADDRESS	POSITION	GRADES SUBJECTS	SUPERVISORS NAME	REASON FOR LEAVING
_____ --- _____					
_____ --- _____					
_____ --- _____					
_____ --- _____					
_____ --- _____					

OTHER WORK EXPERIENCE:

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
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REFERENCES do not list relatives

List former employers, teachers, or others who can best describe your qualifications for position.

NAME	ADDRESS	TELEPHONE	HOW IS THIS PERSON ACQUAINTED WITH YOU?

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 \$100.00.)

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 \$100.00.)

3. I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event that 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.
4. I understand that this application will be considered active through April 30th. I understand that if I wish my candidacy to remain open after that date, I must submit another application.

Signature *Date*

Please feel free to include any attachments, resume, or other information that you feel could be helpful in further describing your background and qualifications. Check your application! Be sure you fill it in completely! Application not signed, will not be accepted.



Do Not Write Below This Line – For Administrative Use Only

Date Received:
 Application _____ Credentials _____ Transcripts _____

Date Interviewed: _____ Interviewed by: _____

Applicant notified
 Date: _____ Time: _____

Applicant Accepted/Rejected (circle one)
 Date: _____ Time: _____

Position offered: _____ Salary step & level _____