BALLARD R-II SCHOOL 10247 NE State Route 18 Butler, MO 64730-9204

APPLICATION FOR A CERTIFICATED POSITION

The 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 Superintendent of Schools at 816-297-2656.

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

Datc			
Last Name	First Name	Middle N	ame
Other names that may appear on y	your transcripts or records:		
Social Security Number			
Current AddressStreet	City	State	Zip
Current Phone			-
Permanent Address			
Street	City	State	Zip
Permanent Phone			
Date Available			

Certification: Type			(Life, PC1, Etc.) Other			
State(s)			_Subject(s)			
Grade Level(s)			Expiration date(s)			
Other information	on regarding you	ur Certification an	d/or certificati	on status:		
Position(s) for w	hich you are ap	pplying:				
Subject(s)						
Grade Level(s) _						
Are you availabl	e for substitute	teaching?	Paraprofess:	ional?		
Extra duty positi	ons you may be	e interested in spo	nsoring or coa	ching:		
Educational Prep	paration:					
	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA	
HIGH SCHOOL		N/A	N/A	N/A	N/A	
COLLEGES/ UNIVERSITIES						

Teaching Experience (If none, list student teaching experience):

DISTRICT NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

Other Work Experience:

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

References:

NAME	ADDRESS	PHONE	POSITION

Employ	ment (uestions:
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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.	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 necess	answer to any of the foregoing questions is "yes" please explain; use a separate sheet if sary:

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 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 having Missouri State Highway Patrol, finger-print based, criminal and arrest records checks as well as 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 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 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 for 90 days. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature		Date
**************************************	**********************is Line - For Administrat	
Date received: Application	Credentials	Transcripts
Date interviewed:	Interviewed by:	
Date and time: Applicant notified		
Date and time: Applicant accepted		
Position offered:		
Salary step and level:		

APPLICANT QUESTIONS

Name:	Social Security #			
Please	respond to the following questions in your own handwriting.			
1.	Why have you chosen teaching as your profession?			
2.	What student outcomes would you strive for as a teacher?			
3.	Write a brief autobiography focusing on the important people and events in your life.			

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification: that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.2

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.3

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

- 1 Written notification includes electronic notification, but excludes oral notification.
- ² See 28 CFR 50.12(b).
- ³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).