



CHARLESTON R-I SCHOOL DISTRICT

311 E. Tom Brown Street / P.O. Box 39, Charleston, MO 63834 - Phone & Fax: (573) 290-2825

"An Equal Opportunity Employer"

PERSONAL DATA

Last Name:	First:	Middle:	Date of Application:	Date Available:
Email Address:		Secondary Email Address:		
Current Mailing Address:		City:	State:	Zip Code:
Permanent Address (if different):		City:	State:	Zip Code:
Home Phone:	Cell Phone:	Additional / Alternate Phone:		
Have you previously worked for Charleston R-I?		If so, what year(s)?		

POSITION FOR WHICH YOU ARE APPLYING: (CHECK ALL THAT APPLY)

<input type="checkbox"/> Daytime Custodian <input type="checkbox"/> Nighttime Custodian <input type="checkbox"/> District Maintenance <input type="checkbox"/> Bus Monitor <input type="checkbox"/> Maintenance / Transportation Director	<input type="checkbox"/> Building Secretary <input type="checkbox"/> Central Office Secretary <input type="checkbox"/> Classroom Aide / Para Educator <input type="checkbox"/> Nurse <input type="checkbox"/> Technology Director <input type="checkbox"/> Parent Liaison	<input type="checkbox"/> PAT Coordinator <input type="checkbox"/> Communication Specialist <input type="checkbox"/> Other: _____ _____
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SKILLS YOU POSSESS FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING:

EDUCATION / TRAINING ("SEE RESUME" IS NOT SUFFICIENT):

High School / College / Univ. / Other*:	Date Attended	Date of Graduation:	Degree:	Major:	Minor:	GPA:
	From: To:					

*Please submit photocopies of college / university transcripts.

