



CHARLESTON R-I SCHOOL DISTRICT

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)

ELEMENTARY TEACHER: <input type="checkbox"/> Early Childhood <input type="checkbox"/> Grade 3 <input type="checkbox"/> Phys. Ed. <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 4 <input type="checkbox"/> Music <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Art <input type="checkbox"/> Grade 2 <input type="checkbox"/> Computers <input type="checkbox"/> Other: _____	SECONDARY TEACHER: <input type="checkbox"/> Grades 6-8 Subject(s): _____ _____ <input type="checkbox"/> Grade 9-12 Subject(s): _____ _____
SPECIAL PROGRAMS: (please specify grade levels) <input type="checkbox"/> Vocational <input type="checkbox"/> Bilingual <input type="checkbox"/> Special Education <input type="checkbox"/> ESL <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Gifted/Talented Area(s): (1) _____ <input type="checkbox"/> Other (specify): _____ (2) _____	
SUPPORT: <input type="checkbox"/> Librarian <input type="checkbox"/> Counselor <input type="checkbox"/> Diagnostician <input type="checkbox"/> Other (specify): _____	ADMINISTRATIVE: <input type="checkbox"/> Principal (Grades: _____) <input type="checkbox"/> Assistant Principal (Grades: _____) <input type="checkbox"/> Central Administration <input type="checkbox"/> Technology <input type="checkbox"/> Other: _____

Check any of the following, which you are able to direct or coach (optional):

<input type="checkbox"/> Debate	<input type="checkbox"/> Orchestra / Marching Band	<input type="checkbox"/> Football	<input type="checkbox"/> Tennis
<input type="checkbox"/> Honor Society	<input type="checkbox"/> Choir	<input type="checkbox"/> Softball	<input type="checkbox"/> Baseball
<input type="checkbox"/> Photography	<input type="checkbox"/> Yearbook	<input type="checkbox"/> Basketball	<input type="checkbox"/> Track
<input type="checkbox"/> Drill Team	<input type="checkbox"/> School Plays	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Volleyball

Clubs (1) _____ (2) _____ (3) _____

Other _____

CERTIFICATIONS: (“SEE RESUME” IS NOT SUFFICIENT)

CERTIFICATION TYPE:

None

Valid Missouri Certification (please list all areas of certification)

Subject/Grade: _____ Expiration Date: _____

Subject/Grade: _____ Expiration Date: _____

Subject/Grade: _____ Expiration Date: _____

Subject/Grade: _____ Expiration Date: _____

Subject/Grade: _____ Expiration Date: _____

Subject/Grade: _____ Expiration Date: _____

Subject/Grade: _____ Expiration Date: _____

Pending Missouri Certification

Status: _____

Estimated Completion Date: _____

Valid Out-of-State Certification

Issuing State: _____

Subject/Grade: _____

Expiration Date: _____

Subject/Grade: _____

Expiration Date: _____

*Please submit photocopies of certifications.

EDUCATION / TRAINING (“SEE RESUME” IS NOT SUFFICIENT):

College / University*:	Date Attended		Date of Graduation:	Degree:	Major:	Minor:	GPA:
	From:	To:					

*Please submit photocopies of college / university transcripts.

TEACHING EXPERIENCE:

Please list below your previous teaching positions beginning with your most recent.
 Note if this experience is as an Administrator, Certified Teacher, Student Teacher, Substitute Teacher, and/or Classroom Aide (Para Educator)

From Month / Yr:	To Month / Yr:	Number of Years:	Name and Mailing Address of School:	Grade / Subjects:	Supervisor:

OTHER WORK EXPERIENCE:

Please list at least three non-teaching positions.

From Mo. Yr.	Name / Mailing Address	Position Held	Phone Numbers

GENERAL INFORMATION

EMPLOYMENT REFERENCES (*SEE RESUME” IS NOT SUFFICIENT):

List names of at least four references who can provide information about your teaching history.

Full name of Reference	Position	School District	School Address	Phone Numbers

CANDIDATE’S STATEMENT:

Each candidate may provide any additional information that will assist the district in evaluating the candidate's qualifications (i.e. personal qualities, educational philosophy, future goals, awards, community activities, etc.). Statements should be limited to about 150 words.

ADDITIONAL EMPLOYMENT QUESTIONS:

1. Have you ever been arrested, charged with or convicted of a felony or misdemeanor (excluding traffic offenses)? No / Yes; if the answer is yes, please explain:

2. Have you ever plead guilty to a felony or misdemeanor (excluding traffic offenses)? No / Yes; if the answer is yes, please explain:

3. Have you ever plead guilty to a felony or misdemeanor and been given a suspended imposition of sentence (i.e. where you entered a guilty plea but was not sentenced and placed on probation for a period of time after which the case was dismissed if probation was successfully completed)? No / Yes; if the answer is yes, please explain:

4. Has Missouri Children's 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? No / Yes; if the answer is yes, please explain:

5. Have you ever failed to be re-employed by an educational institution? No / Yes; if the answer is yes, please explain:

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that falsification of this record will be considered sufficient cause for disqualification or, if employed, dismissal. Further, I authorize the Charleston R-I School District to contact the references listed herewith and I release former employers or providers of information any liability as a result of furnishing and receiving this information.

Signature of Applicant

Date