APPLICATION FOR EMPLOYMENT

Clarksburg C-II School District
401 South Hwy H.
Clarksburg, MO 65025
Ph: (573) 787-3511 Fax: (573) 787-3667

PLEASE PRINT

Position(s) Applied For _____ Date of Application ____ / ____ / ____

Name _____ _____ _____
Last First Middle

Address _____ _____ _____ _____
Street City State Zip Code

Home Phone: (____) _____ - _____ Social Security Number_____ - ____ - _____

Work : (____) _____ - _____ May we contact you at work?

Are you legally eligible for employment in this country?
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired: ☐ Full Time ☐ Part-Time Date available for work ____ / ____ / ____

Are you able to meet the attendance requirements of the position?

Driver's License number (if applying for bus driver position) _____ State _____

Have you ever been arrested, charged or convicted of a felony or misdemeanor?

If YES, please explain. _____

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?

Employment History List your last three (3) employers, assignments or volunteer activities, starting with most recent. Explain any gaps in employment in comments section below.

From _____ To _____ Employer _____ Telephone (____) _____ - _____

Job Title _____ Address _____

Immediate Supervisor and Title: _____

Summarize work performed. _____

Reason for Leaving _____

May we contact for reference? Yes Final Hourly Rate/Salary _____

From _____ To _____ Employer _____ Telephone (____) _____ - _____

Job Title _____ Address _____

Immediate Supervisor and Title: _____

Summarize work performed. _____

Reason for Leaving _____

May we contact for reference? Yes Final Hourly Rate/Salary _____

From _____ To _____ Employer _____ Telephone (_____) _____ - _____

Job Title _____ Address _____

Immediate Supervisor and Title: _____

Summarize work performed. _____

Reason for Leaving _____

May we contact for reference? Yes Final Hourly Rate/Salary _____

Comments (including explanation of any gaps in employment) _____

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

_____

Educational Background

	Name and Location	Years Completed	Did you Graduate?	Course of Study
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

References Please list three (3) personal references that are not related to you.

Name	Telephone	Years Known
_____	(_____) _____ - _____	_____
_____	(_____) _____ - _____	_____
_____	(_____) _____ - _____	_____

Please read carefully before signing. I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

1. I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services and the FBI as a condition for consideration of my application for employment. I also understand that any employment offer is contingent upon the receipt of a favorable background clearance.

2. 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 subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.

3. I understand that this application will be considered active for one (1) year. I understand that if I wish my candidacy to remain open after that date, I must submit another application.

_____ _____

Signature Date