

GREEN FOREST R-II SCHOOL DISTRICT
6111 HWY F
SALEM, MO 65560 573-729-3902

APPLICATION FOR SUPPORT STAFF POSITION

The Green Forest R-II 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 nondiscrimination, you may contact the Superintendent of Schools at 573-729-3902.

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

Date: _____

Name: _____
Last *First* *Middle*

Other names that may appear on your transcripts or records:

Social Security No.: _____
(optional)

Telephone No.: _____

Mailing Address: _____
P.O. Box/Street *City* *State* *Zip*

Telephone: _____

Please check position for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> Teacher's Aide | <input type="checkbox"/> Bus Mechanic |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Maintenance |

Date Available: _____ **Current Salary:** _____

Skills you possess pertaining to the position(s) for which you are applying:

If applying for a bus driver's position:

Do you have a CDL? Yes No

Do you have a Missouri Bus Permit? Yes No

EDUCATIONAL PREPARATION:

	Name & Location	Dates of Attendance	Name of Degree	Major	HRS Under Grad	HRS Grad	Overall GPA
High School							
Colleges/ Universities							
Business/ Trade Schools							

WORK EXPERIENCE:

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NO. OF YEARS	SUPERVISOR	PHONE

REFERENCES:

NAME	ADDRESS	PHONE	POSITION

READ CAREFULLY BEFORE SIGNING

1. I acknowledge 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 criminal and arrest record checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application of 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.

Signature

Date
