



Have you ever been convicted or pled guilty to a felony?  Yes  No

If yes to the above question, give dates and describe in full.

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in the State of Missouri or any other state?

Yes  No

Are you legally eligible for employment in the United States?

Yes  No

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### SECRETARIAL APPLICANTS

Check the skills in which you have had training or experience.

Typing  Word Processing  
 Data Entry  Computer Software (see below)

Other \_\_\_\_\_

Describe computer software experience.

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### NURSE APPLICANTS

Are you registered in the state of Missouri?

Yes  No

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Are you CPR certified?

Yes  No

CPR Expiration Date \_\_\_\_\_

List experience in community health work and Health Ed Programs.

**CUSTODIAL / MAINTENANCE / BUS MECHANIC / FOOD SERVICE APPLICANTS**

Check the areas in which you have had training or experience.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Electricity     | <input type="checkbox"/> Plumbing             | <input type="checkbox"/> Masonry                      | <input type="checkbox"/> Roofing            |
| <input type="checkbox"/> Painting        | <input type="checkbox"/> Carpenter            | <input type="checkbox"/> Furniture Building           | <input type="checkbox"/> Computer Operation |
| <input type="checkbox"/> Design Drafting | <input type="checkbox"/> HVAC                 | <input type="checkbox"/> Electronic/Electrical Brakes | <input type="checkbox"/> Welding            |
| <input type="checkbox"/> Sheet Metal     | <input type="checkbox"/> Engine Mechanic      | <input type="checkbox"/> Cleaned Restrooms            | <input type="checkbox"/> Trans/Drive Lane   |
| <input type="checkbox"/> Licensed MVI    | <input type="checkbox"/> Heavy Equip Mechanic | <input type="checkbox"/> Lights / Electrical          | <input type="checkbox"/> Stripped Floors    |
| <input type="checkbox"/> Waxed Floors    | <input type="checkbox"/> Cleaned Carpets      | <input type="checkbox"/> Cook                         | <input type="checkbox"/> Baking             |
| <input type="checkbox"/> Cashier         | <input type="checkbox"/> Salad Preparation    |   | <input type="checkbox"/> Serving            |

List experience related to any of these skills.

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**BUS DRIVER APPLICANTS**

CDL Number	Issuing State	Expiration Date
_____	_____	_____

Have you had **ANY** moving traffic violations or accidents within the last 5 years?

- Yes       No

If YES, please explain?

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**AIDE APPLICANTS / P.A.T. APPLICANTS**

Have you attended college?

- Yes       No

If yes, semesters? **NOTE:** Mail copy of transcript.

\_\_\_\_\_

Do you hold a Missouri teaching certificate?

- Yes       No

If yes, list certificates.

\_\_\_\_\_

Do you have CDA Certification?

- Yes       No

Have you worked in a licenses accredited child care center?

If yes, where and how long?

- Yes       No

\_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL**

Name and location

**COLLEGES / UNIVERSITIES**

Name and Address		Name and Address		Name and Address	
Dates Attended		Dates Attended		Dates Attended	
Degree		Degree		Degree	
Major		Major		Major	
Overall GPA		Overall GPA		Overall GPA	
Additional Hours		Additional Hours		Additional Hours	

List activities outside the classroom in which you participated actively while attending high school or college.

College Major – please mail copy of transcript

\_\_\_\_\_

Number of hours in Education?

\_\_\_\_\_

College Minor - please mail copy of transcript

\_\_\_\_\_

Total number of college hours?

\_\_\_\_\_

Number of hours in major?

\_\_\_\_\_

Number of hours in minor?

\_\_\_\_\_

**CERTIFICATION OR LICENSE**

List certifications of licenses you hold giving both the name and the expiration date. Please mail a copy of certificates and licenses.

## EMPLOYMENT HISTORY

Include complete full-time and part-time employment records. Start with present or most recent employer.

<b>Employer 1</b>	
Name	_____
Address	_____ City / State / Zip _____
Supervisor's Name	_____ Telephone _____
Job Title	_____ Start Date _____ End Date _____
Reason for Leaving	_____

<b>Employer 1</b>	
Name	_____
Address	_____ City / State / Zip _____
Supervisor's Name	_____ Telephone _____
Job Title	_____ Start Date _____ End Date _____
Reason for Leaving	_____

<b>Employer 1</b>	
Name	_____
Address	_____ City / State / Zip _____
Supervisor's Name	_____ Telephone _____
Job Title	_____ Start Date _____ End Date _____
Reason for Leaving	_____

<b>Employer 1</b>	
Name	_____
Address	_____ City / State / Zip _____
Supervisor's Name	_____ Telephone _____
Job Title	_____ Start Date _____ End Date _____
Reason for Leaving	_____

We may contact the employers listed unless you indicate those you do not want contacted. List below the employer's name and explain why you do not want them contacted.

Have you ever been discharged or asked to resign from a position?  Yes  No  
If yes, please explain.

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## REFERENCES

Three References are required.

<b>Reference 1</b>			
Name			
Address			
Phone		Position or Title	
<b>Reference 2</b>			
Name			
Address			
Phone		Position or Title	
<b>Reference 3</b>			
Name			
Address			
Phone		Position or Title	

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## ADDITIONAL REQUIRED INFORMATION

Thank you for your interest in applying for employment in our district. To complete the application process, please mail the following items to:

Cole R-1 School District  
Office of the Superintendent  
13600 Route C  
Russellville, MO 65074

- ✓ An unofficial copy of your latest transcript(s). An official copy will be required if you are employed
- ✓ A copy of your MO teaching certificate or verification of eligibility for a MO teaching certificate
- ✓ Three (3) letters of recommendation
- ✓ A copy of your resume
- ✓ A copy of Application

Your application will become active once all of the above information has been received. Your application will remain active for six months at which time you must resubmit a new application.