

# Certified Application for Employment

Cowgill R-VI School District  
341 East 6th Street • Cowgill, MO 64647  
Phone: (660) 255-4415 • (660) 255-4224

\* Required

Date:

## BASIC INFORMATION

**Full Legal Name of Applicant \*** (First, Middle, Last, Jr., Sr., etc.)

**Address: \***

**Home Phone:**

**Cell Phone:**

**E-Mail Address:**

**Position(s) for which you are applying: \***

**Date you are available for employment: \***

## EDUCATION AND JOB TRAINING

**Student Teaching (include dates, location, subject/grade)\***

**Schools Attended (Beginning with the most recent, include the names of each school/college attended, degrees/diplomas attained, area(s) of specialization, and approximate GPA.)**

**Professional Training/Experiences (List any special training, experiences, or special skills you possess related to teaching the subject/grade for which you are applying.)\***

**Certification (List all areas for which you hold certification, include area of certification, issuing state, and expiration date for each area.)\***

Missouri law stipulates no person shall be employed to teach in any position in a public school until he/she has received a valid certificate of license entitling him/her to teach in that position. Individuals selected for teaching positions with the Cowgill R-VI School District should assume responsibility for proper Missouri certification as soon as possible.

**EMPLOYMENT HISTORY**

**Professional Teaching Experience:** (Begin with the most recent. Include name, address and phone number of school/district, dates, subjects and/or grades taught, number of years, ending salary, and reason for leaving. You may use an additional sheet if you need more space.)\*

**Other Work Experience:** (Begin with the most recent. Include name, address and phone number of employer, dates, position, ending salary, and reason for leaving. You may use an additional sheet if you need more space.)\*

Are you currently under contract? \*  Yes  No

Date current contract expires: \_\_\_\_\_

May we contact you at your present place of employment?\*  Yes  No

**PROFESSIONAL REFERENCES**

(Please provide information for at least 3 people who have first-hand knowledge of your character, personality, scholarship, and teaching ability. Name, position held, address, and business and home/cell phone numbers are REQUIRED information.)

Reference #1 \*

Reference #2 \*

Reference #3 \*

Additional References

**PERSONNEL RECORD**

The following information, along with fingerprints, will be used by the district to conduct background checks in accordance with law on all new employees authorized to have contact with students. Any offer of employment is contingent upon the satisfactory outcome of a criminal background check, when required by the district.

Maiden Name/Previous Names/Alias(es) (if applicable)

Previous Address(es): (Include addresses for the past 10 years, if you have lived at your current address for less than 10 years)

Yes  No Are you a citizen of the United States? \*

Yes  No Have you ever been asked to resign or been discharged from any position, teaching or otherwise? (If yes, please explain the situation below under "Additional Information". Inclusion of this information will not preclude you from district employment.) \*

Yes  No Have you ever been found guilty of or pled guilty to, received a suspended imposition of sentence, or entered an alford plea or plea of "nolo contendere" for violation of any law in Missouri or another state, other than a traffic violation? (If yes, please explain the situation below under "Additional Information". Inclusion of this information will not preclude you from district employment.) \*

Yes  No **Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in Missouri or another state?** (If yes, please explain the situation below under "Additional Information". Inclusion of this information will not preclude you from district employment.) \*

**ADDITIONAL INFORMATION**

**Describe your computer/technology experience and abilities. \***

**Please indicate any comments or extra information you feel would help us evaluate your ability to fill this position** (include explanations for answers as requested under "Personnel Record" above). \*

**Briefly explain why you are interested in the position for which you are applying and why you are interested in working for the Cowgill R-VI School District. \***

**Indicate how your previous job and/or life experiences qualify you for this position. \***

The Cowgill R-VI School District is an equal opportunity employer. Applicants for employment with the District who believe they have been discriminated against by a District employment decision because of race, color, sex, religion, national origin, age, disability, sexual orientation or reprisal may pursue such claims through the discrimination complaint process, by contacting:

Superintendent  
Cowgill R-VI School District  
341 East 6th Street  
Cowgill, MO 64637  
Tel: 660-255-4415 • FAX: 660-255-4224  
E-Mail: [bvassmer@cowgillr6.org](mailto:bvassmer@cowgillr6.org)

Unless we have a position for which we think an applicant is qualified, we do not attempt to contact the applicant or his/her references.

This application will remain on file for one year, unless the applicant asks to have it renewed.

**VERIFICATION STATEMENTS \***

- Yes  No The information provided is complete and accurate to the best of my knowledge.
- Yes  No I understand it is unlawful to withhold or falsify information required on this form.
- Yes  No I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.
- Yes  No I grant permission to investigate my personal history and/or check my references and to use the information as permitted by law.

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Applicant Signature

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Date