



*Trin Rivers Schools*

9348 Hwy 51  
PO Box 146  
Broseley Mo 63932  
Phone 573-328-4321  
Fax 573-328-1070

**To Empower All Students  
to Succeed  
in a Changing World!**



Other Information regarding your Certification and/or certification status: \_\_\_\_\_

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

Subjects: \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Are you available for Substitute teaching? \_\_\_\_\_ Paraprofessional? \_\_\_\_\_

Extra duty positions you may be interested in sponsoring or coaching:

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**Educational Preparation:**

	Name & Location	Dates of Attendance	Name of Degree	Major	Overall GPA
High School		N/A	N/A	N/A	N/A
Colleges/ Universities					

Teaching Experience (If none, list student teaching experience):

District Name & Location	Position	Dates of Employment	Number of Years	Supervisor	Phone

Other Work Experience:

Employer Name & Location	Position	Dates of Employment	Number of Years	Supervisor	Phone

References:

Name	Address	Phone	Position



**READ CAREFULLY BEFORE SIGNING**

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

1. I hereby authorize 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 for 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.
4. I understand that this application will be considered active through April 30<sup>th</sup>. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



**Do Not Write below This Line – For Administrative Use Only**

Date received: Application \_\_\_\_\_ Credentials \_\_\_\_\_ Transcripts \_\_\_\_\_

Date Interviewed: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Date and Time: Applicant Notified \_\_\_\_\_

Date and Time: Applicant Accepted \_\_\_\_\_

Position Offered: \_\_\_\_\_

Salary Step and Level: \_\_\_\_\_