



Twin 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!**

CERTIFICATED APPLICATION

The Twin Rivers R-X 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 accommodations 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 non-discrimination, you may contact the superintendent of schools at (573)-328-4321

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

Date _____

Last Name	First Name	Middle Name
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Other names that may appear on your transcripts or records: _____

Social Security Number _____

Current Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Permanent Phone _____

Date Available: _____

Certification: Type _____ (Life, PCl, Etc.) Other _____

State(s) _____ Subjects(s) _____

Grade Level(s) _____ Expiration Date(s) _____

Other Information regarding your Certification and/or certification status: _____

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:

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 30th. 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: _____