



8. Date of Application \_\_\_\_\_ 9. Date Available for Employment \_\_\_\_\_  
 Month Day Year Month Day Year

10. Are you presently under contract with any school district for the next school year?

11. SECONDARY SCHOOLS

Name of School Attended	City and State	Approximate Number of Students	Number of Years Attended	Graduation Date

a. List Activities in Which You Participated and Any Honors Received \_\_\_\_\_

12. UNDERGRADUATE INSTITUTIONS

Name of School Attended	City and State	Number of Months Attended	Dates		Date of Graduation	Degree	Semester Hours Credit
			From Mo. Yr.	To Mo. Yr.			
TOTAL SEMESTER HOURS							

a. Major \_\_\_\_\_ No. Sem. Hrs. \_\_\_\_\_  
 Minor \_\_\_\_\_ No. Sem. Hrs. \_\_\_\_\_

b. List Activities in Which You Participated and Any Honors Received \_\_\_\_\_

13. GRADUATE INSTITUTIONS

Name of School Attended	City and State	Number Months Attended	Dates		Date of Graduation	Degree	Semester Hours Credit
			From Mo. Yr.	To Mo. Yr.			

a. Course of Study Master's \_\_\_\_\_  
 Specialist's \_\_\_\_\_  
 Doctorate \_\_\_\_\_

TOTAL SEMESTER HOURS \_\_\_\_\_

b. Thesis and/or Dissertation \_\_\_\_\_  
 c. List Activities in Which You Participated and Any Honors Received \_\_\_\_\_

14. SOCIAL SECURITY NUMBER \_\_\_\_\_

15. Missouri Retirement System No. \_\_\_\_\_  
 Note: Mark X in the blank if you have never belonged to the System or if your contributions have been withdrawn

16. Are you a United States citizen? \_\_\_\_\_

17. Missouri Certification Information

Certification Area	Grade Levels	Life or Date Expires

18. In your own handwriting list any additional information you think would be helpful concerning your knowledge, skills and experience relating to the job for which you are applying.

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19. Briefly state what you feel you can contribute as an employee for the Putnam Co. R-1 School District in the position for which you are applying.

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20. Have you ever been involuntarily terminated or asked to resign from the employment of another school district?  
Yes  No  If yes, please give the name of the district, the date and the reasons for the termination or request for resignation.

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21. Have you ever been refused tenure or a continuing contract?  yes  no If yes, please explain:

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22. Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application?  yes  no If yes, please explain:

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23. Estimate your total absence from work or school for the last three years and explain the reason.

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24. Have you ever been convicted of any offense involving violent crimes, stealing, sexual molestation, physical or sexual abuse or rape?  yes  no If yes, explain.

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Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

**25. PROFESSIONAL EXPERIENCE-** Starting with the most recent year, list each complete year of full-time teaching or administration experience. DO NOT list partial years, student teaching, para-professional positions, substitute teaching, graduate teaching assistantships, or college teaching.

Complete Years	Number Months	School, Complete, Address	Assignment (Subject, Grade Level, Administrative, Etc.)	Reason For Leaving
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

**26. WORK EXPERIENCE OTHER THAN TEACHING**

Name of Firm, institution Association or Organization	City, Town and State	Period of Service (Months)	Type of Work	Reason for Leaving
		From To		
		From To		
		From To		

**27. REFERENCES**

Give full name, addresses, and phone numbers of three references. These should be persons who are qualified to answer questions concerning your fitness for the position you seek. Include especially supervisors, principals and superintendents under whom you have taught. If you have not taught previously include the names of instructors who have supervised your student teaching. Indicate with an (\*) any reference listed, which is included in your credentials.

Name	Present Address	Phone Number	Official Position and Date Acquainted With Your Work

**AGREEMENT**

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District. I also hereby authorize the District to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant