

Swedeborg R-III School District

Home of the Panthers

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Richland, MO 65556

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Support Staff Application

Swedeborg R-III School Employment Application

GENERAL INFORMATION

Last Name	First Name	Middle Initial	Phone
Mailing Address	City	State	Zip Code
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or Type of Position Desired	Will Accept	Shift
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Afternoon
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Diploma or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed _____

College, Business School, Military (Most recent first)

Name and Locations	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To:			
	From:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To:			
	From:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To:			

Occupational License	Number	Where Issued	Exp. Date
Occupational License	Number	Where Issued	Exp. Date

Languages Read, Written or Spoken Fluently Other Than English

SPECIAL SKILLS (List all pertinent skills)

WORK EXPERIENCE

Employer	Telephone Number () -	From (Month/Yr)
Address		
Job Title	Number Employees Supervised	To (Month/Yr)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Yr)
Address		
Job Title	Number Employees Supervised	To (Month/Yr)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Yr)
Address		
Job Title	Number Employees Supervised	To (Month/Yr)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Name	Telephone Number () -	Relationship
Name	Telephone Number () -	Relationship
Name	Telephone Number () -	Relationship

EMPLOYMENT QUESTIONS

1. Have you ever been arrested for, or charged with or convicted of a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00)
_____Yes _____No
2. Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00.)
_____Yes _____No
3. Has the Missouri Division of Family Services or a similar agency in any other state or jurisdiction, ever issued a determination or finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological or sexual abuse or neglect of a child?
_____Yes _____No
4. Have you ever failed to be re-employed by an educational institution?
_____Yes _____No

If the answer to any of the foregoing questions is “yes” please explain: Attach additional letter if necessary.

Please provide any additional information that will help us to know you better

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 an initialed release.
2. I understand and consent to having criminal and arrest records as well as background checks 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 the current school year. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature of Applicant: _____

Date: _____