

**PERSONNEL SERVICES**

**Form 4120.1**

**Employment**

**Applicant Notice: Certificated Position**

BRONAUGH R-VII SCHOOL DISTRICT  
527 E. 6<sup>TH</sup> STREET  
BRONAUGH, MO 64728  
417-922-3211, Fax 417-922-3308

Dear Applicant:

Thank you for your interest in applying for a teaching position with the Bronaugh School District R-7. We ask that the following items be addressed as a part of the application process:

1. Complete the enclosed certified application form.
2. Enclose a copy of your latest transcript(s) with the application. An official copy of your transcript(s) will be required if you are employed.
3. Enclose a copy of your Missouri teaching certificate or verification of eligibility for a Missouri teaching certificate.
4. Request your placement file be sent to us, or enclose 4 to 5 recent letters of recommendation.
5. An individual must complete the SHP-159C form – Request for Child Abuse or neglect/criminal Record and send in the original and one (1) copy for a total of two (2) forms to be received by Conduct and Investigations. By filling out this form a Missouri Highway Patrol open records/sexual offender registry check, and a child abuse search will all be completed on the individual. The forms are attached.
6. An individual must contact Identix Fingerprinting Services to complete fingerprint testing. This sets in process a complete background check through the Missouri Highway Patrol and FBI. This service will be available following an interview with school administrators. The Bronaugh School will reimburse this expense after 60 days of employment with the district.

Your application will become active once all of the above information has been received. Your application will remain active for 30 days after the position is filled. Please call the Superintendent's Office at (417) 922-3211 if you have any questions about the application process.

We have also enclosed our current salary schedule and a brochure explaining the many opportunities the Bronaugh School District has to offer to our teachers. Thank you again for your interest and we will be looking forward to receiving your application.

Sincerely,  
*Patricia Phillips, Superintendent*

**PERSONNEL SERVICES**

**Form 4120**

**Employment**

**Employment Application - Certificated Staff**

**APPLICATION FOR A CERTIFICATED POSITION**

The 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 accommodation 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 \_\_\_\_\_ at \_\_\_\_\_.

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

Date\_\_\_\_\_

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

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Social Security Number\_\_\_\_\_

Current Address\_\_\_\_\_

Street	City	State	Zip
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Current Phone\_\_\_\_\_

Permanent Address\_\_\_\_\_

Street	City	State	Zip
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Permanent Phone\_\_\_\_\_

Date Available\_\_\_\_\_

Certification: Type \_\_\_\_\_ (Life, PC1, Etc.) Other \_\_\_\_\_

State(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Expiration date(s) \_\_\_\_\_

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

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

Subject(s) \_\_\_\_\_

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

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) \_\_\_\_\_
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) \_\_\_\_\_
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? \_\_\_\_\_
4. Have you ever failed to be re-employed by an educational institution? \_\_\_\_\_

If the answer to any of the foregoing questions is "yes" please explain; use a separate sheet if necessary:

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**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 records 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 for 30 days after the position is filled. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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**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: \_\_\_\_\_

