

Green City R-1 Schools

301 North East Street, Green City MO 63545-9763

Cindy Roberts, High School Principal

E-mail croberts@greencity.k12.mo.us
Phone 660-874-4127
Fax 660-874-5010

Tennille Banner, Superintendent

E-mail tbanner@greencity.k12.mo.us
Phone 660-874-4128
Fax 660-874-4515

Jamie Halley, Elementary Principal

E-mail jhalley@greencity.k12.mo.us
Phone 660-874-4126
Fax 660-874-5950

(Substitute Application form)

Dear Applicant:

Thank you for your interest in applying for a position with the Green City R-1 School District. Please prepare the following items for a complete file for this position.

1. Complete the enclosed application for substitute.
2. Please go on-line to apply for a substitute certificate. Instructions to apply online are at <http://www.dese.mo.gov/divteachqual/teachcert>
3. Send your official transcripts to the Department of Elementary and Secondary Education Attn: Certification, PO Box 480, Jefferson City, MO 65109
4. Please enclose 2-3 letters of recommendation from former employers.
5. Get FBI/Highway Patrol Background Check completed and sent to the Department of Elementary and Secondary Education.
6. Once file is complete and DESE has approved your substitute status, you will be placed on the list of substitutes for Board of Education approval at the next Board meeting.

Thank you again for your interest, and we will be looking forward to receiving your application.

Sincerely,

Tennille Banner, Superintendent

Enclosures

GREEN CITY R-I SCHOOLS

The Green City R-1 School District does not discriminate on the basis of race, color, natural origin, sex, disability, or age in its programs and activities. 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 Tennille Banner, Superintendent, at 660-874-4128.

APPLICATION FOR SUBSTITUTE

I. PERSONAL DATA

Name _____ Phone _____

Address _____
Street, route, box City State Zip

No. of College Hours _____ SSN _____

Area you are interested subbing in? _____

Are you legally eligible to work in the United States? Yes _____ No _____

II. ACADEMIC INFORMATION

	Name of School Attended	Years Attended From - To	Degree
A.	High School _____	_____	_____
B.	College or University _____	_____	_____
C.	Grad School _____	_____	_____
D.	Other _____ College	_____	_____
E.	Major _____	Hrs _____	Minor _____ Hrs _____

III. TEACHING EXPERIENCE:

	Name of School	How Long?	Dates	Grades or Subjects Taught
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____

IV. OTHER RELATED WORK EXPERIENCE

List activities involving management and/or leadership of children (scouting, Bible School, camps, etc.)

V. CERTIFICATION

Kind of Certificate held _____
Subjects or grades you prefer to teach _____

VI. REFERENCES:

Name	Position	Address/Telephone
_____	_____	_____
_____	_____	_____

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?_____
5. Have you ever been discharged or requested to resign from a position?_____

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

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 90 days. 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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Acknowledgement that applicant has received the following regarding his/her FBI fingerprint background check:

Privacy Act Statement

Noncriminal Justice Applicant's Privacy Rights

Signature

Date

This Form must be signed and returned to the District office prior to your fingerprint background check.



Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: _____

Agency Name: Green City R-1

Agency ORI: MO921093Z Agency OCA: 105123

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact 3M Cogent directly at 1-877-862-2425 to have a Fingerprint Services Representative conduct the registration on your behalf.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" MACHS Fingerprint Search Portal
3. Click on the "blue box" to Register with MACHS
4. In the yellow-highlighted box, **enter your agency 4-Digit Registration Number and hit "enter"**
5. Enter your personal information.
6. At the Missouri Background Check Fingerprint Summary verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click Complete Registration. This will take you to the fingerprint services vendor for further processing to include payment and to select a fingerprint location. Please note your **Transaction Control Number (TCN)**. The TCN will be required at the time of fingerprinting to confirm your MACHS registration data.

Your processing fee is automatically calculated based on the 4-digit registration number that you provide. Fees are either paid at the time of registration or are payable to 3M Cogent at the time of fingerprinting unless a billing account has been established by your agency. Upon completion of the fingerprint appointment, 3M Cogent will transmit your fingerprint background check request to the Missouri State Highway Patrol (MSHP) for processing through the state and FBI. The results of the search will be provided to the authorized agency within 5 to 10 business days.

Section Three: Registration Confirmation (for applicant or agency use)

Applicant Name: _____

TCN (Confirmation Number) _____

Date Prints Taken _____

- 2056 = Certified Teachers
- 2057 = Substitutes
- 2058 = Uncertified Employees (i.e. custodians, secretaries)
- 2059 = Bus Drivers

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

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NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Missouri State Highway Patrol

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
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ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE
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ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?

YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?

YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
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SIGNATURE OF REQUESTOR (Required in ink)	DATE
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TITLE OF CHILD CARE PROVIDER Green City R-1 School	TELEPHONE 660-874-4128
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STATE AGENCY Public School	STATE VENDOR OR CONTACT NO. (If applicable) 660-874-4128
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CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input checked="" type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail	SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102
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AGENCY NAME	Green City R-1 School
ATTENTION	Melissa Howard
ADDRESS	301 N East St.
CITY, STATE, ZIP CODE	Green City, MO 63545