

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

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. Write a letter of application (*directed to the Green City R-1 Schools Board of Education, Attn: Tennille Banner, Superintendent*), stating your interest in applying for this position.
2. Complete the enclosed application form.
3. Enclose a copy of your latest transcript(s). An official copy of your transcript(s) will be required if you are employed.
4. Please enclose 2-3 letters of recommendation.
5. Enclose a copy of your resume.
6. A request for Child Abuse or Neglect Criminal record will be requested (form enclosed).
7. If you are chosen as a final candidate for employment, an FBI fingerprint background check will be required.

Your application will become active once all of the above information has been received. Your application will remain active for 90 days, at which time you must resubmit a new application.

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

Sincerely,

Tennille Banner, Superintendent

Enclosures

APPLICATION FOR A SUPPORT STAFF POSITION

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.

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

Current Phone _____

Permanent Address _____
Street City State Zip

Permanent Phone _____

Date Available _____

Position(s) for which you are applying: _____

Skills you possess pertaining to the position(s) for which you are applying: _____

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					
BUSINESS/ TRADE SCHOOLS					

Work Experience:

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

References:

NAME	ADDRESS	PHONE	POSITION

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

If you answered "No" to the above question, please explain in the blanks below:

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

Do Not Write Below This Line - For Administrative Use Only

Date received: Application _____ Transcripts _____ Letters of Reference _____

Date interviewed: _____ Interviewed by: _____

Date and time: Applicant notified _____

Date and time: Applicant accepted _____

Position offered: _____

Salary step and level: _____

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