APPLICATION FOR SUPPORT STAFF POSITION

TINA-AVALON R-II SCHOOL DISTRICT JANA HOLCER, SUPERINTENDENT 11896 HWY 65, TINA, MO 64682 Phone 660-622-4211, Fax 660-622-4210

Home Phone	
ell Phone	
ocial Security Numbe	er
Desired Wage	
E, HOURS or CERTIF	ICATE
p you perform the jo	ob for which you are applyin
sition & Dates	Supervisor & Phone
_	

NOTE: If you are hired, the following information may be used, along with fingerprints, in order to perform a mandatory background check pursuant to Section 168.283 RSMo to determine if you should be allowed to associate with children in the public schools of this state. **IDENTIFYING DATA:** APPLICANT'S NAME (Last, First, MI, Jr., Sr.) Maiden Names/Previous Names/Alias(es) Current Address: _____ Addresses for past 5 years: Have you ever been found guilty or been convicted of any criminal act? If yes, list dates and details. Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services? If yes, list dates and details. 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 obtain any and all information needed

Date

to process my request and to use the information as permitted by law.

Applicant's Signature