APPLICATION FOR SUPPORT STAFF POSITION

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

NAME_____ Home Phone _____

ADDRESS_____ Cell Phone_____

_____ Social Security Number_____

Email Address_____

POSITION APPLYING FOR: _____ Desired Wage_____

EDUCATION AND JOB TRAINING:

Do you have a high school diploma or equivalent (GED)? _____

COLLEGE/TECHNICAL SCHOOL	DEGREE, HOURS or CERTIFICATE

List/explain any job training or special skills you have that will help you perform the job for which you are applying

_____

_____

_____

EMPOYMENT HISTORY:

Employer & Address	Position & Dates	Supervisor & Phone

PERSONAL REFERENCES (Name, address & 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 to process my request and to use the information as permitted by law.

_____ _____

Applicant's Signature Date