



Avenue City Elementary School

18069 Highway 169

Cosby, Missouri 64436

Phone: (816) 662-2305 Fax: (816) 662-3201

Superintendent Don Lawrence

Principal Becky Grimes

dlawrence@avenuecityschool.org

bgrimes@avenuecityschool.org

www.avenuecityschool.org

Dear Applicant:

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

1. Complete the enclosed teacher 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.

Your application will become active once all of the above information has been received. Your application will remain active until April 30th at which time you must resubmit a new application. Please call administrative offices at 816-662-2305 if you have any questions about the application process.

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

Sincerely,

Rebecca Grimes
Principal

PERSONNEL SERVICES Form 4120
Employment
Employment Application - Certificated Staff

APPLICATION FOR A CERTIFICATED POSITION

The Avenue City 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 district Superintendent at 816-662-2305.

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

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| | |
| Date | Social Security Number |

| | | | |
|-----------|------------|-------------|--|
| | | | |
| Last Name | First Name | Middle Name | Other Names that may appear on transcripts / records |

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|--------|------|-------|----------|
| | | | |
| Street | City | State | Zip Code |

| | |
|----------------------|---------------|
| | |
| Current Phone Number | Current Email |

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| | |
| Current Phone Number | Current Email |

Certification:

| | | |
|------|-------------------------|----------|
| | | |
| Type | (Life, PC1, Etc.) Other | State(s) |

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|------------|----------------|--------------------|
| | | |
| Subject(s) | Grade Level(s) | Expiration date(s) |

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Other information regarding your certification and certification status

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Position(s) for which you are applying

Subject(s)

Grade Level(s)

Are you available for the following: (circle yes or no)

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|---|------------|-----------|
| Substitute Teaching | Yes | No |
| Paraprofessional | Yes | No |
| Coaching | Yes | No |
| Sponsoring Student Activities | Yes | No |
| List activities you would be interested in: | | |

Educational Preparation:

| | Name & Location | Dates of Attendance | Name of Degree | Major | Overall GPA |
|-------------------------|-----------------|---------------------|----------------|-------|-------------|
| High School | | | | | |
| Colleges / Universities | | | | | |
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Teaching Experience: (If none, list student teaching experience)

| District Name & Location | Position | Dates of Employment | Number of Years | Supervisor | Contact Information |
|--------------------------|----------|---------------------|-----------------|------------|---------------------|
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Other Work Experience:

| Employer Name & Location | Position | Dates of Employment | Number of Years | Supervisor | Contact Information |
|--------------------------|----------|---------------------|-----------------|------------|---------------------|
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References:

| Name | Address | Contact Information | Position |
|------|---------|---------------------|----------|
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Employment Questions: (circle yes or no)

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|---|------------|-----------|
| 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) | Yes | No |
| 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) | Yes | No |
| 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? | Yes | No |
| Have you ever failed to be re-employed by an educational institution? | Yes | No |

If the answer to any of the foregoing questions is “yes” please explain; use separate sheet if necessary.

APPLICANT QUESTIONS

Please respond to the following questions in your own handwriting.

1. Why have you chosen teaching as your profession?

2. What student outcomes would you strive for as a teacher?

3. Write a brief autobiography focusing on the important people and events in your life.

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 all liabilities or damages of any nature because 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 through April 30th. I understand that if I wish my candidacy to remain open after that date I must submit another application.

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Signature

Date

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Do Not Write Below This Line - For Administrative Use Only:

| | | | |
|---------------|-------------|-------------|-------------|
| | Application | Credentials | Transcripts |
| Date Received | | | |

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|------------------------------------|--|
| Date Interviewed: | |
| Interviewed by: | |
| Date and Time: Applicant Notified: | |
| Date and Time: Applicant Accepted: | |
| Position Offered: | |
| Salary Step & Level: | |