

Dr. Cassie Huckstep-Spangler, Superintendent

23526 Pike 9247, Louisiana, Missouri 63353 | <u>www.BONCLBlueJays.com</u> Phone: (573)754-5412 | Fax: (573)754-7981

Our Mission: To provide a firm foundation to maximize the potential of every student, every day.

# APPLICATION FOR CERTIFICATED POSITION Application Date: \_\_\_\_\_ Name: First Name Last Name Middle Name Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Address: Street Address City State Zip Current Phone Number: Secondary Phone Number: \_\_\_\_\_ E-mail Address: Position Desired: **CERTIFICATIONS** State Certification **Expiration EDUCATION AND PROFESSIONAL TRAINING** Name of School Degree of **Date Dates of Major** or Institution **Diploma** Received **Attendance High School** College/University



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Name of District	City and St	Grade Level(s) Taught	Dates	# of Teachers in School
EXPERIENCE OTHER THA	N TEACHING			
Name and Location of Co		Type of Work		Dates
ame, address, and phone noard President if presently				ent, Principal, or
n the space provided below ou better. Include any spec ou are looking for in a certi	ial preparation	, training, and/or expe		



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Three written letters of reference are requested for employment. Please be sure to include individuals who have firsthand knowledge of your character, personality, and teaching ability including superintendents, principals, and/or supervisors under whom you have taught. If you have additional references you would like to include, please list them below.

REFERENCES Name	Official Position	Complete Address	Phone Number
			Number
Have you ever been asked to r ☐ No ☐ Yes If yes, indicate	•	* ·	
Have you ever been charged wany felony or misdemeanor wateraffic violations?		e was imposed or suspended	
Have you ever been substantiathe Division of Family Services	2 2		^



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I hereby certify that the information provided, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. I also hereby authorize the District to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, child abuse, child neglect, previous employers and educational institutions, personal references, professional references, and other appropriate sources. A Request for Child Abuse or Neglect/Criminal Records Form will be submitted to the Division of Social Services and the Missouri State Highway Patrol as part of the employment process. Employment is considered temporary until satisfactory results are received from the appropriate agencies. I waive my right of access to any such information and without limitation hereby release the School District and the reference source from any liability in connection with its release or use.

Signature of Applicant:	Data
Signature of Applicant:	Date:

### **RETURN COMPLETED APPLICATION TO:**

BONCL R-X School District Attn.: Dr. Cassie Huckstep-Spangler, Superintendent 23526 Pike 9247 Louisiana, Missouri 63353

### NOTICE OF NONDISCRIMINATION

The BONCL R-X School District does not discriminate on the basis of race, color, national origin, gender, age, or disability. This policy pertains to admission/access to, or treatment/employment in its programs and activities. This notice is made to applicants for admission and employment, students, parents of elementary and secondary students, employees, sources of referral of applications for admission and employment, and unions or professional organizations holding collective bargaining or professional agreements.