



# Fordland R-III School District

## Education - "An American Essential"

Richard D. Spacek, *Superintendent of Schools*  
1230 School Street Fordland, Missouri 65652  
Phone: (417)767-2298 Fax: (417)767-4483

### ADMINISTRATIVE EMPLOYMENT APPLICATION

Position For Which Application Is Made \_\_\_\_\_

Full Name \_\_\_\_\_

Other names which appear on official record \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Office Telephone \_\_\_\_\_

Missouri Teacher Retirement No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

#### **Educational History**

Name of Institution	Location	Date of Graduation	Degree(s) Received	Semester Hours

#### **Experience**

List in chronological order your professional education experience.

From		To		Name of School	Location	Assignment
Month	Year	Month	Year			

Office use only  
Starting Date \_\_\_\_\_

Salary \_\_\_\_\_

Salary Step \_\_\_\_\_

Extra Duty \_\_\_\_\_

Grand Total Salary \_\_\_\_\_

**Professional References**

List names of five or more professional references capable of giving information about your character and professional ability at least one administrator in each position in the last five years.

Full Name of Reference:	Telephone	Address Street City & State	Position

**Supplementary Information**

Use this space to give additional information about your background and/or training experience that would be pertinent to the job you are applying for. **(Do not leave blank.) (Do not repeat if this is on an attachment.)**



**(See Attachment)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please enclose a copy of your Current Resume, Teaching Certificate, Transcript, and supportive information. I hereby certify that the above information to the best of my knowledge is true, accurate and complete. **ANY FALSIFICATION OF THIS RECORD WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION AND/OR DISMISSAL.** Furthermore, it is understood that this application becomes the property of the Fordland Public School System, which reserves the right to accept or reject it. Reference and personal information, which become a part of this record are to be regarded as confidential and shall not be revealed to me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE OF NONDISCRIMINATION**

Applicants for admission and employment, students, parents of elementary and secondary school students, employees, and sources of referral of applicants for admission and employment with Fordland R-III School District, Fordland, Missouri, are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission or access to, or treatment of employment in, its programs and activities. Any person having inquiries concerning Fordland R-III School District compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact Dyke Hurd, 1248 School Street, P.O. Box 118, Fordland, Missouri 65652, Telephone No. (417) 738-2212. Dyke Hurd has been designated by Fordland R-III School District to coordinate the institution's efforts to comply with the regulations implementing Title IX, Title IV, and Section 504. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title VI, Title IX, or Sections 504.

**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 through June 30<sup>th</sup> every year. I understand that if I wish my candidacy to remain open after June 30 I must submit another application.

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

**Do Not Write Below This Line – For Administrative Use Only**

Date received: Application \_\_\_\_\_ Credentials \_\_\_\_\_ Transcripts \_\_\_\_\_

Date interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Date and time: Applicant notified \_\_\_\_\_

Date and time: Applicant accepted \_\_\_\_\_

Position offered: \_\_\_\_\_

Salary step and level: \_\_\_\_\_