# **ELDON R-I SCHOOL DISTRICT**

112 South Pine Street - Eldon MO 65026 Phone: 573/392-8000 - Fax: 573/392-8080

Office Use Only	
Assignment	
Building	
Hire Date	
Rate of Pay	

### CLASSIFIED EMPLOYEE APPLICATION

CLASSII ILD LIV	IFLOTELATION	OATION				
Please print or type ( ) Secretary ( ) Nurse ( ) paraprofessional - T (Requires 60 co	eacher/Library (	ns for which you are ) Custodian ) Maintenance ) Food Service ) Child Care	( ) Bus l	Mechanic Driver г (Please Specify)		
Would you work:	Full time	Part-time	Sı	ubstitute		
Application Date:		Date Availa	ble:			
Name:			: '			
Last	First	Middle		(Maiden Name)		
Address:						
P O Box/Street		City	State	Zip		
Telephone:		Social Secu	ırity No.			
List someone who will a	ılways know your addres	ss. Do not list husb	and or wife			
Name	Address			Telephone		
Are you over the age of Have you ever been em Have you ever filed an a Have you ever been coulf Yes describe in full.	ployed by Eldon R-I	-I	Yes Yes 'Yes	(Dates (Dates	)	No No No
Have you ever been sultiplication of Family Service Are you legally eligible for SECRETARIAL APPLICATION Check the skills in which are applied to the skills of the skills	ces in the State of Misso for employment in the Ui	ouri or any State? nited States? 	se or negle Yes Yes	ect report made to the No No		
Word Processing	Computer Softward - please complete e State of Missouri? Yes NO Ex	_ Yes No Lic xp. Date	. No			

	NANCE/BUS WECHANIC/FO		E APPLICANTS - please	e complete	
Electricity	ch you have had training or e Computer Operation	expenence. Brakes	Cloops	d Cornota	
Plumbing	Design Drafting			ed Carpets	
	Design Draiting HVAC	***************************************		Electrical	
Masonry	Electronic/Electrical				
Roofing			Equip Mech Cashie		
Painting	Welding		ed Restrooms Salad I	-гер	
Carpentry	Sheet Metal		ed Floors Cook		
Furniture Building	Engine Mechanic	vvaxed	I Floors Serving		
List experience related	to these skills:		Clean l	Up	
BUS DRIVER APPLICA	ANTS - Please complete Issuing State		Exp. Date:		
	issuing state ving traffic violations within the	ne last 5 yrs?		es, explain	
AIDE APPLICANTS/P.A.T APPLICANTS - Please Complete  Have you attended college?Yes, Total Semester hours (attach copy of transcripts) No  Do you have Missouri Teaching Certificate NoYes, in the following areas					
Attach copy of certificat	rtification? No Yes				
	censed accredited child care	anntar? N	o Voa		
Where and how long?		center? N	o res		
Classified positions within the school district may require lifting, carrying 50 lbs., bending, reaching, pushing, walking, twisting, crouching, standing. Is there any reason why you can not perform these physical rquirements?					
EDUCATION			•		
School	Name of School Institution	Location	Diploma or Degree	Dates attended	
Elementary .			•		
High School					
College or University					
College or University					
	e classroom in which you pa	•	• • •	school	
College Major	_ No. of hours in	Мајог	No. of hou	rs in Ed.	
College Minor					
Enclose copy of transcri		***************************************		301.104.10	
CERTIFICATION OR LI	CENSE			AC-41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
			Expiration Date:		
			Evairation Data:		
Enclose convert contifica	ate or licence		Expiration Date:		
Enclose copy of certification	ale of licerise.				

## **EMPLOYMENT HISTORY**

Please give complete full-time & part-time employment record. Start with present or most recent employer

Company Name	Telephone			
Address	Employed (month and year)			
	From	То		
Name of Supervisor	Weekly Pay			
•	Start	Last		
Job title & work description	Reason for leaving			
		Microsoft en com tentre de mentales de constantes de la constante de constante de la companya de la constante Constantes de la constante della constante de la constante del constante de la c		
Company Name	Telephone			
Address	Employed (month and year)			
	From	То		
Name of Supervisor	Weekly Pay			
	Start	Last		
Job title & work description	Reason for leaving			
Company Name	Telephone			
Address	Employed (month and year)			
	From	То		
Name of Supervisor	Weekly Pay			
	Start	Last		
Job title & work description	Reason for leaving			
	<u> </u>			
Company Name	Telephone			
Address	Employed (month and year)	4		
	From	То		
Name of Supervisor	Weekly Pay			
	Start	Last		
Job title & work description	Reason for leaving			
We may contact the employers listed unless you indicate those you do not want contacted. Please explain why you do not want an employer contacted. Do not contact for the following reason				
Have you ever been discharged or asked to resign from a position?  If yes, give reason.	Yes	_NO		

#### REFERENCES

Do not list relatives. List former employers, teachers, or others who can describe your qualifications

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Name	Mailing Address	Telephone	Relationship		
Placement papers are on	file at :				
	College or university	address			
Please indicated (*) the re	eferences listed above which are included in	n placement papers.			
Is there any additional information relative to change of name or use of nickname necessary to enable a check on your work or school records? If yes, explain					
misrepresentation or willf termination or employment authorize release of information a finctude such information a finstitutions, personal refeatuse or Neglect/Crimina State Highway Patrol as presults are received from the finitation hereby releases or use.	formation provided, to the best of my knowledge full omission of facts shall be sufficient cause int. I also hereby authorize the district to a rmation in connection with my application as criminal convictions, child abuse, child nearences, professional references and other and the employment process. Employment of the employment process. Employment experiences and the reference source the school district and the reference source the physical examination and drug and anditioned upon results of my physical examination.	se for disqualification of conduct a background in for employment. This is eglect, previous employeer appropriate sources. Division of Social Service ent is considered temporal of access to any such in the control of the control of access to any such interest from any liability in alcohol tests may be required.	f this application or nvestigation and nvestigation may ers and educational Request for Child as and the Missouri ary until satisfactory oformation and with connection with		
Signature of Applicant		Date			
Please feel free to include	any attachments, resume or other informa	tion that vou feel could b	e helpful in further		

describing your background and qualifications. Check your application! BE SURE YOU FILLED IT OUT COMPLETELY! Applications not signed will not be accepted.

#### NOTICE OF NONDISCRIMINATION

The Eldon R-1 School District does not discriminate on the basis or race, color, national origin, gender, age or disability. The 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 or elementary & secondary students, employees, sources of referral of applications for admission and employment & unions or professional organizations holding collective bargaining or professional agreements. Any person having inquiries concerning compliance with the regulations implementing Title VI of the Civil Right Act of 1964, Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, is directed to contact:

Superintendent of School, Eldon Administrative Unit R-1, 110 South Oak St., Eldon MO 65026 (573)392-8000