

# 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

Please print or type

Please check positions for which you are applying:

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Secretary   | <input type="checkbox"/> Custodian    | <input type="checkbox"/> Bus Mechanic           |
| <input type="checkbox"/> Nurse   | <input type="checkbox"/> Maintenance  | <input type="checkbox"/> Bus Driver             |
| <input type="checkbox"/> paraprofessional - Teacher/Library<br>(Requires 60 college hours) | <input type="checkbox"/> Food Service | <input type="checkbox"/> Other (Please Specify) |
|  | <input type="checkbox"/> Child Care   |   |

Would you work: \_\_\_\_\_ Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Substitute

Application Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle (Maiden Name)

Address: \_\_\_\_\_  
P O Box/Street City State Zip

Telephone: \_\_\_\_\_ Social Security No. \_\_\_\_\_

List someone who will always know your address. Do not list husband or wife.

Name	Address	Telephone
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Are you over the age of 17? Yes No

Have you ever been employed by Eldon R-I \_\_\_\_\_ Yes (Dates \_\_\_\_\_) \_\_\_\_\_ No

Have you ever filed an application with Eldon R-I \_\_\_\_\_ Yes (Dates \_\_\_\_\_) \_\_\_\_\_ No

Have you ever been convicted of a felony or pled guilty to a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes describe in full. \_\_\_\_\_

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in the State of Missouri or any State? Yes No

Are you legally eligible for employment in the United States? Yes No

### SECRETARIAL APPLICANTS - please complete:

Check the skills in which you have had training or experience.

Typing                       Data Entry  
 Word Processing             Computer Software (describe) \_\_\_\_\_  
 Other \_\_\_\_\_

### NURSE APPLICANTS - please complete

Are you registered in the State of Missouri? \_\_\_\_\_ Yes \_\_\_\_\_ No Lic. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

CPR Certified \_\_\_\_\_ Yes \_\_\_\_\_ NO Exp. Date \_\_\_\_\_

List experience in community health work and Health Ed. Programs. \_\_\_\_\_

**CUSTODIAL/MAINTENANCE/BUS MECHANIC/FOOD SERVICE APPLICANTS** - please complete

Check the areas in which you have had training or experience:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Electricity        | <input type="checkbox"/> Computer Operation    | <input type="checkbox"/> Brakes            | <input type="checkbox"/> Cleaned Carpets   |
| <input type="checkbox"/> Plumbing           | <input type="checkbox"/> Design Drafting       | <input type="checkbox"/> Trans./Drive line | <input type="checkbox"/> Lights/Electrical |
| <input type="checkbox"/> Masonry            | <input type="checkbox"/> HVAC                  | <input type="checkbox"/> Licensed MVI      | <input type="checkbox"/> Baking            |
| <input type="checkbox"/> Roofing            | <input type="checkbox"/> Electronic/Electrical | <input type="checkbox"/> Heavy Equip Mech. | <input type="checkbox"/> Cashier           |
| <input type="checkbox"/> Painting           | <input type="checkbox"/> Welding               | <input type="checkbox"/> Cleaned Restrooms | <input type="checkbox"/> Salad Prep        |
| <input type="checkbox"/> Carpentry          | <input type="checkbox"/> Sheet Metal           | <input type="checkbox"/> Stripped Floors   | <input type="checkbox"/> Cook              |
| <input type="checkbox"/> Furniture Building | <input type="checkbox"/> Engine Mechanic       | <input type="checkbox"/> Waxed Floors      | <input type="checkbox"/> Serving           |
|   |  |  | <input type="checkbox"/> Clean Up          |

List experience related to these skills: \_\_\_\_\_

**BUS DRIVER APPLICANTS** - Please complete

CDL No. \_\_\_\_\_ Issuing State \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Have you had ANY moving traffic violations within the last 5 yrs?  Yes  NO If yes, 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  No  Yes, in the following areas \_\_\_\_\_

Attach copy of certificate

Do you have a CDA Certification?  No  Yes

Have you worked in a licensed accredited child care center?  No  Yes

Where and how long? \_\_\_\_\_

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 requirements? \_\_\_\_\_

**EDUCATION**

School	Name of School Institution	Location	Diploma or Degree	Dates attended
Elementary				
High School				
College or University				
College or University				

List activities outside the classroom in which you participated actively while attending high school or college: \_\_\_\_\_

College Major \_\_\_\_\_ No. of hours in Major \_\_\_\_\_ No. of hours in Ed. \_\_\_\_\_  
 College Minor \_\_\_\_\_ No. of hours in Minor \_\_\_\_\_ Total College Hours \_\_\_\_\_  
 Enclose copy of transcript

**CERTIFICATION OR LICENSE**

\_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 \_\_\_\_\_

Enclose copy of certificate or license.

**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 _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job title & work description	Reason for leaving

Company Name	Telephone
Address	Employed (month and year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job title & work description	Reason for leaving

Company Name	Telephone
Address	Employed (month and year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job title & work description	Reason for leaving

Company Name	Telephone
Address	Employed (month and year) From _____ To _____
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? Yes \_\_\_\_\_ NO \_\_\_\_\_  
If yes, give reason. \_\_\_\_\_

\_\_\_\_\_

