



Lexington R-V School District
2323 A High School Drive
Lexington, MO 64067
Phone 660-259-4369 Fax 660-259-4992
Equal Opportunity Employer

The 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 our this form, interviewing, or any other preemployment procedure or requirement), please make us aware of any accommodation you feel is necessary. If you have any inquires, complaints or concerns about pre-employment procedure or requirement, including completing this application, or about the District policy of nondiscrimination, you may contact the Director of Special Services at 660-259-4369.

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

Application for Support Staff Position

Date:

Your Contact Information

First Name

Middle Name

Last Name

Other Name that may
Appear on your
transcript or records

Email Address

Social Security Number

Current Address

Phone

Permanent Address

Permanent Phone

Which position(s)are
you applying for?

Date Available

Skills you possess
pertaining to the
position(s) for which
you are applying:

References

First Name

Last Name

Email Address

Phone

Position

First Name

Last Name

Email Address

Phone

Position

First Name

Last Name

Email Address

Phone

Position

Educational Preparation

High School

Colleges/Universities

Name & Location

Dates of Attendance

Name of Degree

Major

Overall GPA

Colleges/Universities

Name & Location

Dates of Attendance

Name of Degree

Major

Overall GPA

Business/Trade

Schools

Name & Location

Dates of Attendance

Name of Degree

Major

Overall GPA

Business/Trade

Schools

Name & Location

Dates of Attendance

Name of Degree

Major

Overall GPA

Work Experience

Employer Name
Address
Position
Number of Years
Supervisor
Phone

Employer Name
Address
Position
Number of Years
Supervisor
Phone

Employer Name
Address
Position
Number of Years
Supervisor
Phone

Employer Name
Address
Position
Number of Years
Supervisor
Phone

Applicant Questions:

Why have you chosen the position for which you are applying as your profession?

Describe how you would be able to help the students in our school district?

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

Employment Questions

Have you ever been
convicted of a felony or
misdemeanor?

Have you ever pleaded
guilty or no contest to a
felony or misdemeanor?

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?

Have you ever failed to be re-
employed by an educational
institution?

If the answer to any of the foregoing questions is "yes" please explain; use a separate sheet of paper:

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, by the Missouri Highway Patrol, 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 for ninety days. I understand that if I wish my candidacy to remain open after that time line I must submit another application.

Signature

Date

For Administrative Use Only-Do Not Write Below This Line

Date received: Application _____ Transcripts _____ Letters of Reference _____

Date interviewed: _____ Interviewed by: _____

Date & Time: Applicant notified: _____

Date & Time: Applicant accepted _____

Position offered: _____

Salary Step and level: _____