

307 E. 2nd Street. Montrose. Missouri 64770 660.693.4812 (phone) 660.693.4594 (fax) www.montrose.k12.mo.us

Non-Certified Staff Application Form

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 out this form, interviewing or any other preemployment procedure or requirements), please make us aware of any accommodation you feel is necessary. If you have any inquiries, complaints or concerns about any pre-employment procedure or reguirement, including completing this application, or about the District policy of non-discrimination, you may contact the superintendent at 660-693-4812.

All applicants are expected to answer all questions on this application. Answer "none" or "not applica-

Date:	e necessary.					
Last Name	Last Name: First Name:		Middle Name:			
Social Security Number:			Current Phone:			
Home Phone:			Cell Phone:			
Address:						
City, State,	ZIP Code:					
Date availa	ble:					
Position(s)	for which you are applying:					
□Para	☐ Teacher's Assistant	□Secretary		☐Social Worker	□Custodian	
	☐ Maintenance ☐ Sub Custodian		Custodian	□Nurse	☐Other	
Please list	specific skills you possess fo	or the desired posi	tion:			



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Name of person who will know where you can be reached:						
Address: Phone:						
Relationship to you:						
Educational Preparation:						
Type of School	Name & L	_ocation		Dates of Attendance	Degree/Major/Minor	
High School						
College, Business, or Trade						
Professional School						
Other						
Have you ever been convicted of a crime: Yes No						
If yes, please explain:						
Work Experience: (list th	e 3 most r	ecent)				
Name of Employer: Name of last supervisor:						
Address: City, State, ZIP Code:						
Dates of Employment: From to			to		Salary:	
Reason for leaving (be specific):						
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:						
May we contact this empl	loyer?	Yes		☐ No		
					Continued on pg. 3	



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Name of Employer:		Name of last supervisor:			
Address:		City, State, ZIP Code:			
Dates of Employment: From	to		Salary:		
Reason for leaving (be specific):					
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:					
May we contact this employer?] Yes	□No			
Name of Employer:		Name of last supervisor:			
Address:		City, State, ZIP Code:			
Dates of Employment: From	to		Salary:		
Reason for leaving (be specific):			,		
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:					
May we contact this employer?	Yes	□No			
Typing Speed:					
List your PC Skills and Applications you have worked with (list all that apply):					



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References (List three references not related to you whom you have known for at least one year):							
Name	Address	City, State, ZIP Code	Phone Number	Position			
Employment Quest	ions:	1	1	•			
Have you ever been ar sentenced to jail or for	rested for, or charged with or c which the fine was less that \$1	onvicted of a felony or misdemeanor? (Exc 00.)	lude traffic offenses for wl	hich you were not			
Have you ever pleaded or for which the fine wa	guilty or not contest to a felon is less that \$100.)	y or misdemeanor? (Exclude traffic offense	es for which you were not s	sentenced to jail			
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 ed	ducational institution?					
If the answer to any	of the foregoing questions is	s "yes", please explain: use a separate	sheet of paper if neces	sary:			



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Read carefully before signing

I hereby certify that the above information, to the best of my knowledge, is true and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, I understand that this application and records become property of the district, which reserves the right to accept or reject it.. I further agree to observe all rules, regulations and policies of the district now in force or as they may change during my employment if I am employed by the district. 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, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information and without limitation hereby release the school district and reference source from any liability with its release or use. Montrose R-XIV School District is "an equal opportunity employer and does not discriminate because of race, color, creed, age, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap. The district has designated a 504 and Title IX Coordinator.

Applicants are advised to forward all application materials to: Montrose R-XIV School District, Superintendent Search, Attention: Amy Wagner, Board of Education Secretary, 307 E. 2nd Street, Montrose, MO 64770. Initial applications will be kept confidential; however, all applications, letters of reference, resumes, transcripts, credentials, etc., for purposes of this application process will, upon their receipt, become the sole property of Montrose R-XIV School District Board of Education.

Signature			Date		
****************	********	*******	**************		
Do not write Below This Line—For Administra	tive 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:					
Other information:					