APPLICATION FOR EMPLOYMENT: NON-CERTIFIED

NELL HOLCOMB R-IV SCHOOL DISTRICT

Phone: 573.334.3644

FAX: 573.334.9552

6547 STATE HWY 177 CAPE GIRARDEAU, MO 63701

Number of Undergraduate Hours: _____

The Nell Holcomb R-IV School District considers applicants for all positions without regard to race, color, religion, sex, national origin or disability. If you have any inquiries, complaints or concerns about any pre-employment procedure or requirement, including completing this application, or about the District policy of non-discrimination, you may contact the Superintendent's office at 573.334.3644.

All applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary. Name: _____Social Security Number: _____ _____Date of Application: _____ Address: _____State: ____ Position for which you are applying: _____ Pertinent Certifications/ Qualifications: Total years of pertinent experience: When could you begin work? Additional information you wish to express concerning this application: **EDUCATION:** Name of Schools Attended Major or Course of Attendance Dates Degree/Degrees Address of Schools Study High School College University Graduate School Other

Number of Graduate Hours: _____

EMPLOYMENT EXPERIENCE: (Most recent position listed first)

Date: Month/Year	Name and Address of School, Business, or Employer	Position	Monthly Salary	Reason for Leaving
Fromto				
List any other specia applying:	al skills, training, or courses you have had	d which would enhance your a	bilities in the po	sition of which you are
EMPLOYMENT QU	UESTIONS:			
	been arrested for, or charged with or con entenced to jail or for which the fine was		eanour? (Exclud	e traffic offenses for which
	pleaded guilty or no contest to a felony of l or for which the fine was less than \$100		raffic offenses fo	or which you were not
	uri Division of Family Services or a simile or reason to believe or suspect that you ld?			
4. Have you ever	failed to be re-employed by an education	nal institution?		
If the answer to any	of the foregoing questions is "yes" please	e explain; use a separate sheet	if necessary.	

PERSONAL REFERENCES

Do Not Write Below This Line – For Administrative Use Only

General Comments:

I ERSOTTIE REI EREITEES			
NAME	ADDRESS	PHONE NUMBER	POSITION
READ CAREFULLY BEFORE	SIGNING.		
I acknowledge and agree to the fo	ollowing provisions as condition	ns to consideration of my application	n for employment:
experience. I release my current	and former employers and refer	nces to furnish any information about rences from any and all liabilities of res and references may rely on a sign	r damages of any nature as a resul
I understand and consent to having Family Services as a consideration		necks as well as background checks	by the Missouri Division of
employed by the District and in the	he further even that I have prove	emplete to the very best of my know ided false or misleading information when the may be terminated at any time.	n in this application or in
I understand that this application after that date I must submit anot		gh June 30 th . I understand that if I v	wish my candidacy to remain oper
Signature		Date	