sition(s) Desired:	Date:	Date:					
	•	R-III School Dis Street, Fayette, MO 65 660-248-2153					
Application for Teaching Position							
(First Name)	(Middle Name)	(Last Name)	(Social Sec	curity Number)			
(Street)	(City)	(State) (Zip Code)	(A/C Telephone)				
nme and address of pers	on who will always kno	w your address (do not list sp	oouse):				
(First Name)	(Middle Name)	(Last Name)	(A/C Telep	phone)			
(First Name) (Street)	(Middle Name) (City)	(Last Name) (State) (Zip Code)	(A/C Telep	phone)			
(Street) o you hold a Missouri Tea	(City) acher's Certificate?						
(Street) o you hold a Missouri Teast Missouri Teaching Cer	(City) acher's Certificate? tificates (Type & Area):	(State) (Zip Code) If not, when?					
(Street) o you hold a Missouri Teast Missouri Teaching Cert High School, Underg	(City) acher's Certificate? tificates (Type & Area):	(State) (Zip Code) If not, when?					
(Street) o you hold a Missouri Teast Missouri Teaching Cert High School, Underg	(City) acher's Certificate? tificates (Type & Area):	(State) (Zip Code) If not, when?					
(Street) o you hold a Missouri Te	(City) acher's Certificate? tificates (Type & Area):	(State) (Zip Code) If not, when? uate Education:		Semester			

Employer	Address	Type of work		Dates	
hing Experience	(Include student teaching	whether completed or not.)			
Dates Month & Year	Grade Level or Subject Area	Name and Address of School		Principal	
to					
Name	Official Positio	n Present A	Present Address		
u willing to assume	responsibility for extra-clas	ss duty? If so, in which	ch area(s)?		
ou ever been convic where and dispositi		If so, attach an explanation	giving informa	ation as to wh	
ou ever been termir	nated or ever failed to be re	e-employed?If so, v	where and whe	n?	

If employed by the Fayette R-III School District, I will support the district's policies, administrative directives, educational programs and I will continue my professional growth. I understand employment is contingent upon successful completion of a background check. I hereby certify that all the information provided by me in connection with this application is true, accurate and complete. I understand that any false, inaccurate, incomplete, omitted, or misleading information provided on this application or any other documents submitted in connection with this application shall be cause for refusal to hire, or if applicant has been hired, for immediate termination.						
I hereby authorize the Fayette R-III School District to contact all persons and entities listed on this application and to make all other contacts, inquiries, and investigations that the District deems necessary to verify my education, employment, criminal and child abuse history, including but not limited to contacting current and/or past employers, educational institutions, law enforcement, and child abuse agencies. I hereby consent to the release of any such information by third persons and I understand that the Fayette R-III School District will keep such information in a confidential file, available only to appropriate District officials.						
Signature of Applicant	 Date					
The applicant must file with the Superintendent's office a transcript of college and/or upon An application may be renewed by contacting the Superintendent's office. Incorrect in of the contract in case of election. It is the policy of the Fayette School District to provide ducation without regard to sex, age, color, religion, national origin, race or disability.	nformation given herein may constitute cause for cancellation					