

**MOUNTAIN GROVE R-III SCHOOLS**  
**MOUNTAIN GROVE, MISSOURI**  
**APPLICATION FOR PROFESSIONAL EMPLOYMENT**

Application should be typewritten or completed in ink.

Date of Application \_\_\_\_\_

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

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone number ( ) (home) ( ) (work)

Name and permanent address of a person who will always know your address. (Do not list spouse.)

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

Telephone number ( ) \_\_\_\_\_

**1. POSITION DESIRED**

Applying for \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

If teacher or administrator, please indicate: \_\_\_\_\_

Level preferred: Mark first choice (1), etc.

\_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_ Technical Center

If elementary teacher, complete: \_\_\_\_\_ (mark first choice (1), etc.)

\_\_\_\_\_ Kindergarten \_\_\_\_\_ Primary (1-2) \_\_\_\_\_ Intermediate (3-5)

If secondary teacher, complete: \_\_\_\_\_ (mark first choice (1), etc.)

\_\_\_\_\_ Middle (6-8) \_\_\_\_\_ High School (9-12) \_\_\_\_\_ Vocational-Technical

List in order of preference the subjects you are certified to teach:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If specialist, please check the area you are certified in and seek assignment.

\_\_\_\_\_ Counselor \_\_\_\_\_ Physical Education \_\_\_\_\_ Media Specialist \_\_\_\_\_ Instrumental Music

\_\_\_\_\_ Vocal Music \_\_\_\_\_ Special Education (specify type) \_\_\_\_\_

Check areas for which you have an interest to coach or sponsor:

\_\_\_\_\_ Football \_\_\_\_\_ Basketball \_\_\_\_\_ Baseball \_\_\_\_\_ Track  
\_\_\_\_\_ Golf \_\_\_\_\_ Volleyball \_\_\_\_\_ Cheerleading \_\_\_\_\_ Debate  
\_\_\_\_\_ Dramatics \_\_\_\_\_ Musical \_\_\_\_\_ Newspaper \_\_\_\_\_ Student Government

Others: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## II. PERSONAL DATA

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Missouri Retirement Number \_\_\_\_\_

Have you ever failed to be re-employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate where and please state reason \_\_\_\_\_

How long do you plan to reside in Mountain Grove? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been involved in any incident regarding non-criminal child abuse which was substantiated and documented by state social workers but not necessarily proven in court whether or not a criminal conviction of any kind also occurred?

\_\_\_\_\_ Yes \_\_\_\_\_ No, I have not been involved in such incident.

Present employment: \_\_\_\_\_  
(Position) (Location) (Annual Salary)

**Activities:**

Professional organizations: \_\_\_\_\_

Youth groups with which you have worked \_\_\_\_\_

**Special recognitions:**

Professional \_\_\_\_\_  
 Other \_\_\_\_\_

**Certification**

Missouri school law requires all teachers in Missouri Public Schools to hold a valid teaching certificate.

Do you hold a Missouri teaching certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Certificate type: \_\_\_\_\_ PCI \_\_\_\_\_ PCII \_\_\_\_\_ CPC \_\_\_\_\_ Vocational \_\_\_\_\_ Life

If you do not hold a Missouri teaching certificate, will you qualify for one by the opening of school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you hold a temporary certificate, give date of expiration: \_\_\_\_\_

Please describe area(s) of certification: Be specific: \_\_\_\_\_

**All teaching applicants must file with the Superintendent's Office an official transcript of college and university credit earned and a copy of placement papers.**

## III. EDUCATION

**Secondary Education**

Name of Secondary School	Location	Dates of Attendance

**Undergraduate Training**

Name of College or University	Dates Inclusive	Major	Degree	Sem. Hrs.



**VI. REFERENCES**

Name	Address	Telephone No.	Relationship

An application may be renewed by contacting the Office of the Superintendent prior to January 1.

If employed by the Mountain Grove R-III Board of Education, I will support the school district’s educational program, policies, rules, and regulations. I certify that the information provided in this application is correct. I am aware that any false statements are grounds for employment termination. I hereby authorize the Mountain Grove R-III Board of Education to examine local and state law enforcement agency records when considering my application for employment.

**Applicant’s signature:** \_\_\_\_\_

**Please return completed application to:**

**Superintendent of Schools  
Mountain Grove R-III School District  
P.O. Box 806  
Mountain Grove, MO 65711  
417-926-3177**

The Mountain Grove R-III School District does not discriminate on the basis of sex, race, creed, color, national origin or disability:

- in the recruitment, selection, treatment, or promotion of employees;
- in the admission and participation of students in the educational program or activities;
- in vocational opportunities;
- or in the treatment, counseling, and placement of students.

**For further information concerning Title IX, ADA, Section 504, and Title VI, please contact:**

**Superintendent of Schools  
Mountain Grove R-III School District  
P.O. Box 806  
Mountain Grove, MO 65711  
417-926-3177**

