

BUNKER R-III SCHOOL DISTRICT
P.O. BOX 365 • BUNKER, MO 63629 • 573-689-2507

APPLICATION FOR SUPPORT STAFF POSITION

The Bunker R-III 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 pre-employment procedure or requirement), 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 requirement, including completing this application, or about the District policy of nondiscrimination, you may contact the Superintendent of Schools at 573-689-2507.

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

Date: _____

Name: _____
Last *First* *Middle*

Other names that may appear on your transcripts or records:

Social Security No.: _____ **Telephone No.:** _____

Mailing Address: _____
P.O. Box/Street *City* *State* *Zip*

Telephone:

Please check position for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> Teacher's Aide | <input type="checkbox"/> Bus Mechanic |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Maintenance |

Date Available: _____ **Current Salary:** _____

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

If applying for a bus driver's position:

- Do you have a CDL?** Yes No
- Do you have a Missouri Bus Permit?** Yes No

EDUCATIONAL PREPARATION:							
	Name & Location	Dates of Attendance	Name of Degree	Major	HRS Under Grad	HRS Grad	Overall GPA
High School							
Colleges/ Universities							
Business/ Trade Schools							

WORK EXPERIENCE:					
EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NO. OF YEARS	SUPERVISOR	PHONE

REFERENCES:			
NAME	ADDRESS	PHONE	POSITION

READ CAREFULLY BEFORE SIGNING

1. I acknowledge 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 record checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application of employment.
3. I understand a check will be done through E-Verify to verify my employment eligibility and the validity of my social security number.
4. 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.
5. I understand that this application will be considered active through September 1. I understand that if I wish my candidacy to remain open after that date I must submit another application.

Signature

Date