

**Application for  
Professional  
Position**

**Instructions —**

*Thank you for your  
interest in the Chillicothe  
R-II School District.*

*The following informa-  
tion is needed in order to  
complete your file:  
(1) completed application;  
(2) undergraduate and  
graduate transcripts;  
(3) resume;  
(4) copy of Missouri  
teaching certificate.*

*Optional:  
Letters of recommendation.  
Placement file.*

*Upon completion of the  
above, all files will be  
reviewed and, based on  
district needs, necessary  
interviews will be  
scheduled with selected  
candidates.*



**Chillicothe R-II School District**  
P.O. Box 530 • 1020 Old Highway 36 West • Chillicothe, MO 64601  
Phone (660) 646-4566 • FAX (660) 646-6508

**Personal Data**

Date: \_\_\_\_\_

Name (full) \_\_\_\_\_

Highest Degree Received \_\_\_\_\_ Major \_\_\_\_\_  
Minor \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(if different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Current work phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

FOR DISTRICT USE

Resume \_\_\_\_\_

Transcript(s) \_\_\_\_\_

Certificate \_\_\_\_\_

Interviewed \_\_\_\_\_  
(date)

Please check activities or sports you can sponsor/coach:

- Baseball/Softball
- Basketball
- Cheerleaders/  
Pom Poms
- Cross Country
- Football
- Academic Team
- Golf
- Intramurals
- Tennis
- Track
- Volleyball
- Wrestling
- Yearbook
- Other

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## Position Desired

<input type="checkbox"/> K-5 Elementary	<input type="checkbox"/> 6-8 Middle School	<input type="checkbox"/> 9-12 Sr. High
<input type="checkbox"/> Special Ed or Pre-School	<input type="checkbox"/> Administration	

**List grade levels and/or subject preference**

(1st Choice)      Grade \_\_\_\_\_      Subject \_\_\_\_\_

(2nd Choice)      Grade \_\_\_\_\_      Subject \_\_\_\_\_

(3rd Choice)      Grade \_\_\_\_\_      Subject \_\_\_\_\_

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## Educational Preparation

**Please give your student teaching training:**

Dates From-To	Location/School	Subject and/or Grade Taught
_____	_____	_____
_____	_____	_____

**Please give your educational training:**

Name & Address of School (list most recent first)	Dates	Major	Minor	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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## References

**Give three references who have first-hand knowledge of your character, personality, scholarship, and teaching ability.**

Name	Address	Telephone (Bus. & Home)	Official Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Professional Administrative and/or Teaching Experience

Name & Address of School (list most recent first)	Dates (from/to)	Subject and/or Grades Taught	No. Years	Salary	Reason for Leaving

**Employment History other than teaching:**

Dates (list most recent first)	Name of Employer	Address	Kind of Work	Salary

**List any experiences you have had (other than teaching) in working with children or youth.**

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Are you under contract now?     Yes     No

If so, where? \_\_\_\_\_

Have you ever been asked to resign or been discharged from any position, teaching or otherwise?     Yes     No

Have you ever been convicted of a felony?     Yes     No

Have you ever been found guilty or pled guilty, received a suspended imposition of sentence, or entered an alford plea or a plea of "nolo contendere" for a violation of any law in this state, or any other, or in the United States, other than a traffic violation?     Yes     No

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## Professional Statements

Please complete in your own handwriting and in the space provided.

1. Who do you think is responsible for student learning and why?

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2. What are your three most important reasons for becoming a teacher?

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3. What three things do you most want to know about your students?

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4. Describe two teaching strategies you would utilize in your classroom.

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5. What four components do you believe should be included in every lesson?

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*I hereby certify that the information presented in this application is, to the best of my knowledge, true, accurate and complete. Any falsification of this record will be sufficient cause for disqualification. Furthermore, it is understood that this application becomes the property of the Chillicothe R-II School District.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Nondiscrimination Statement

The Chillicothe R-II School District, as an Equal Opportunity Employer, complies with applicable federal and state laws prohibiting discrimination, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1974 and The American Disabilities Act (ADA). It is the policy of the school district that no person, on the basis of race, color, national origin, sex, age or handicap, shall be discriminated against in employment, educational programs and activities or admissions. Inquiries or complaints concerning the Chillicothe R-II School District's compliance with the regulations implementing Title II, Title VI, Title IX, Section 504 or the American Disabilities Act (ADA) may be directed to: Superintendent's Office, Chillicothe R-II School District, P.O. Box 530, Chillicothe, MO 64601 (660) 646-4566.

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