



## *Northwestern R-1 School*

18475 Highway 11 • PO Box 43  
MENDON, MO 64660-0043

Tyler Clark, Superintendent  
(660) 272-3201

Nicole Potter, Principal  
(660) 272-3201

Dear Applicant:

Thank you for your interest in applying for a teaching position with the Northwestern R-1 School District. We ask that the following items be addressed as a part of the application process:

1. Complete the enclosed teacher application form.
2. Enclose a copy of your latest transcript(s) with the application. An official copy of your transcript(s) will be required if you are employed.
3. Enclose a copy of your Missouri Teaching Certificate or verification of eligibility for a Missouri Teaching Certificate.
4. Request your placement file be sent to us, or enclose 3 recent letters of recommendation.

Your application will become active once all of the above information has been received. Your application will remain active for one year from the original date at which time you must resubmit a new application. Please call the Superintendent's office 600-272-3201 about the application process.

Thank you again for your interest and we will be looking forward to receiving your application.

Sincerely,

Tyler Clark  
Superintendent

Enclosures



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## APPLICATION FOR A CERTIFIED POSITION

The Northwestern R-1 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 non-discrimination, you may contact Tyler Clark at 660-272-3201.

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

Date \_\_\_\_\_

Last Name	First Name	Middle Name
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Other names that may appear on your transcripts or records:

\_\_\_\_\_

Social Security Number \_\_\_\_\_ D.O.B. \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Permanent Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date Available \_\_\_\_\_

Certification: Type \_\_\_\_\_ Life, PC1, Etc.) Other \_\_\_\_\_

State(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_

Other information regarding your certification and/or certification status: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Are you available for substitute teaching? \_\_\_\_\_ Paraprofessional? \_\_\_\_\_

Extra duty positions you may be interested in sponsoring or coaching: \_\_\_\_\_

**Educational Preparation:**

	NAME & LOCATION	DATES OF ATTENDANCE	NAME OF DEGREE	MAJOR	OVERALL GPA
HIGH SCHOOL		N/A	N/A	N/A	N/A
COLLEGES/UNIVERSITIES					

**Teaching Experience (If none, list student teaching experience.):**

DISTRICT NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

**Other Work Experience:**

EMPLOYER NAME & LOCATION	POSITION	DATES OF EMPLOYMENT	NUMBER OF YEARS	SUPERVISOR	PHONE

**References:**

NAME	ADDRESS	PHONE	POSITION

**Employment Questions:**

1. Have you ever been arrested for, charged with or convicted of a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00.) \_\_\_\_\_
  
2. Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00.) \_\_\_\_\_
  
3. Has the Missouri Division of Family Services or a similar agency in any other state or Jurisdiction, ever issued a determination or finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological or sexual abuse or neglect of a child? \_\_\_\_\_
  
4. Have you ever failed to be re-employed by an educational institution? \_\_\_\_\_

If the answer to any of the foregoing questions is "yes" please explain; use a separate sheet of necessary:

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**READ CAREFULLY BEFORE SIGNING**

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

1. I hereby authorize 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 records checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.
3. 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.
4. I understand that this application will be considered active through April 30<sup>th</sup>. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
Do Not Write Below This Line – For Administrative Use Only

Date received: Application \_\_\_\_\_ Credentials \_\_\_\_\_ Transcripts \_\_\_\_\_

Date interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Date and time: Applicant notified \_\_\_\_\_

Date and time: Applicant accepted \_\_\_\_\_

Position offered: \_\_\_\_\_

Salary step and level: \_\_\_\_\_

**APPLICANT QUESTIONS**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Please respond to the following questions in your own handwriting.

1. Why have you chosen teaching as your profession?
2. What student outcomes would you strive for as a teacher?
3. Write a brief autobiography focusing on the important people and events in your life.

## **COMMITMENT TO COMPLIANCE UNDER THE AMERICANS WITH DISABILITIES ACT**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (“ADA”), the Northwestern R-I School District (“School District”) does not discriminate on the basis of disability against qualified individuals with a disability with respect to the School District’s services, programs or activities.

***Employment:*** The School District does not discriminate on the basis of disability in its hiring or employment practices. The School District complies with the federal regulations under Title I of the ADA (which governs the application of the ADA in the hiring and employment setting).

***Effective Communication:*** The School District will comply with the ADA with respect to providing auxiliary aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in School District programs, services, and activities. These aids and services are designed to make information and communications accessible to people who have impairments, in areas such as speech, hearing, and vision. The School District will not place a surcharge on a qualified individual with a disability, or any group of qualified individuals with disabilities, to cover the cost of providing auxiliary aids/services or reasonable modifications of policy (for example, retrieving items from locations that are open to the public but inaccessible to users of wheelchairs).

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a service, program, or activity of the School District should contact the respective Compliance Coordinator, whose contact information is listed below. Such contact should be made as soon as possible, but not later than 48 hours before the scheduled event (and, preferably, at least five (5) business days before the event).

***Modifications to Policies and Procedures:*** The School District will make reasonable modifications to policies and programs to ensure that qualified individuals with disabilities have an equal opportunity to enjoy its services, programs and activities.

The ADA does not require the School District to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

Complaints that a School District service, program, or activity is not accessible to persons with a disability may be directed to the Compliance Coordinator below. In addition, as stated in the School District’s Notice of Nondiscrimination, a person who is unable to resolve a problem or grievance arising under Title II of the ADA may contact the Office of Civil Rights, Region VII, 8930 Ward Parkway, Suite 2037, Kansas City, Missouri 64114; telephone (816) 268-0550.

### **COMPLIANCE COORDINATOR**

Tyler Clark, Superintendent  
18475 Highway 11,  
Mendon, MO 64660  
660-272-3201