

APPLICATION FOR CLASSIFIED POSITION
ODESSA R-VII SCHOOL DISTRICT
701 SOUTH THIRD STREET
ODESSA, MISSOURI 64076
(816) 633-5316

INFORMATION FOR APPLICATION – Please complete all items on this application form accurately and in detail. Personal interviews are required prior to consideration for employment. This district is an equal opportunity employer and does not discriminate because of race, color, creed, age, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

1. Name _____ 2. Date _____
 First Middle Last

3. Present Address _____ Name & address of person who will know where you can be reached:

Street _____ Name _____

City _____ Street _____

State _____ Zip Code _____ City _____

Telephone _____ Area Code _____ State _____ Zip Code _____

Cell Phone _____ Email _____

Work Phone _____ Telephone _____

4. Social Security Number _____ (NOTE: Completion of number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

5. POSITION DESIRED

_____ Custodian	_____ Substitute Library Aide	_____ Paraprofessional Aide
_____ Substitute Custodian	_____ Interpreter	_____ Secretary
_____ Maintenance	_____ Health Aide, Nurse	_____ Substitute Secretary
_____ Child Care Provider	_____ Substitute Health Aide	_____ Before & After School Provider

6. EDUCATION EXPERIENCE (List name and location of school and highest grade completed)

SCHOOL	NAME AND ADDRESS	DEGREE OR GRADE COMPLETED OR EQUIVALENT	DATES ATTENDED
High School	_____		

College	_____		

Trade School	_____		

7. WORK EXPERIENCE (List below last four employers, starting with last one first)

Dates Month & Year	Name of Company and Supervisor	Address	Type of Work	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

8. SKILLS (List specific skills you possess for the position desired.)

9. REFERENCES (List three other references not related to you whom you have known or worked for at least one year)

NAME	ADDRESS	BUSINESS	TELEPHONE

AGREEMENT

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the district which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the district now in force and effect or as they may change during my employment, if I am employed by the district. I also hereby authorize the district to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use.

Signature of Applicant _____

Date _____

**APPLICANTS ARE REQUIRED TO SUBMIT THIS
SIGNED AND DATED STATEMENT WITH APPLICATIONS**

WAIVER

I have made application for employment with the Odessa R-VII School District and I hereby authorize its officers, employees or agents to investigate and compile information concerning my conviction record. I hereby release the Missouri State Highway Patrol, and its agents, servants and employees from any and all injury, damages and liability for furnishing any conviction concerning me to the Odessa R-VII School District.

PLEASE PRINT:

NAME _____
Last First Middle

SIGNATURE _____

DATE _____