



BOSWORTH R-V SCHOOL
102 EAST ELDRIDGE
BOSWORTH, MO 64623
TELEPHONE: 660-534-7311
EQUAL OPPORTUNITY EMPLOYER

CERTIFIED APPLICATION

The applicant should exercise the greatest care in preparing this application form. Information herein becomes a legal part of the contract in case of selection. Complete all items. The board requires the applicant to submit this completed application, an official transcript, a set of credentials (or two letters of reference), and a copy of your certificate. All applications will be considered without regard to race, color, religion, national origin or sex.

Position or positions you are applying for:

| CERTIFICATION: I have certification to teach in Missouri. | | | | | Yes | No |
|---|-------------|--|----------------|-----------------|-----|----|
| If yes, list certification | | | | | | |
| Subject | Grade Level | Type of Certification [PCI, PCII, PC, Life] | Date Effective | Expiration Date | | |
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| | | | | | | |
| If no, are you eligible for certification? | | | | | Yes | No |

Educator ID (found on certificate) _____ or Social Security Number: ____ - ____ - ____

PERSONAL DATA

Name _____
Last
First
Middle Initial

Current Address _____
Street
City
State
Zip

Until _____ Telephone _____

Permanent Address _____
Street
City
State
Zip

Telephone _____

Name of person who will know where to contact you _____

Telephone _____

EDUCATION RECORD

| School Name/Location Include High School, College, Graduate Work and Summer Sessions in Order Taken. | Date | Semester Hours Credit | Degree or Diploma | MAJOR SUBJECT And Semester Hours Credit | MINOR SUBJECT And Semester Hours Credit |
|---|------|-----------------------------|-------------------------|---|---|
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PRACTICE TEACHING

(Beginning Teachers with less than 2 years experience)

| | | | |
|--|--------|---------|-----------|
| Supervising Teacher | School | Address | Telephone |
| Cooperating Teacher | School | Address | Telephone |
| How many graduate hours do you have beyond your last degree? | | | |

TEACHING EXPERIENCE List Most recent experience first.

| School Name/Address | Date | | Number of Months | Assignment List | | | Supervisor & Telephone |
|---------------------|------|----|------------------------|--------------------|----------------|------------|---------------------------|
| | From | To | | Subject | Grade Level | Extra Duty | |
| | | | | | | | |
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|---|-----|----|-----------------------|
| May we contact the above supervisors? | Yes | No | If no, which and why? |
| Total number of years teaching experience | | | |

OTHER EXPERIENCE

| Name and Address of Company | Date | | Type of Work | Name/Telephone of Supervisor |
|-----------------------------|------|----|--------------|------------------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
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ADDITIONAL REFERENCES NOT NAMED ABOVE

| Name | Address | Telephone |
|------|---------|-----------|
| | | |
| | | |
| | | |

List College and Professional Activities Engaged In and Honors Received:

List Community Activities:

PLEASE PROVIDE A HANDWRITTEN RESPONSE IN THE BOX PROVIDED:

1. Why did you want to become an educator?

2. Describe your philosophy of education.

3. What are your strengths and weaknesses?

4. What is your vocational goal?

I hereby affirm that the answers to all the above questions are true and correct. I also acknowledge that the Bosworth R-V School District may verify my experience cited above and may make reference checks with people who have supervised me in the past.

If employed, I hereby agree to comply with the results as set down by the Bosworth R-V Board of Education.

Signature

Date

Return Application to:
Natalie Ikenberry, Principal
Bosworth R-V School District
102 East Eldridge
Bosworth MO 64623
660-534-7311
Or nikenberry@bosworthr-v.k12.mo.us

NOTICE OF NONDISCRIMINATION

Applicants for admission or employment, students, parents of elementary and secondary school students, employees, sources of referral and applicants for employment, and all professional organizations that have entered into agreements with the Bosworth R-V School District (School District) are hereby notified that the School District does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. In addition, the School District provides equal access to the Boy Scouts of America and other designated youth groups.

Any person having inquiries concerning the School District's compliance with the laws and regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act, Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act of 1990 (ADA) or the Boy Scouts of America Equal Access Act, is directed to the respective Compliance Coordinator listed below, who oversees the School District's efforts to comply with the laws and regulations implementing the laws and regulations cited above.

The School District has established grievance procedures for persons unable to resolve problems arising under the statutes above. The School District's Compliance Coordinator will provide information regarding those procedures upon request.

Any person who is unable to resolve a problem or grievance arising under any of the laws and regulations cited above may contact the Office for Civil Rights, Region VII, 8930 Ward Parkway, Suite 2037, Kansas City, Missouri 64114; telephone (816) 268-0550.

COMPLIANCE COORDINATOR

Superintendent, 102 East Eldridge, Bosworth, Missouri 64623 (660)534-7311

