

B BCATS

BRAYMER C-4 School District

BRAYMER C-4 SCHOOL DISTRICT

Welcome to Braymer C-4 School District

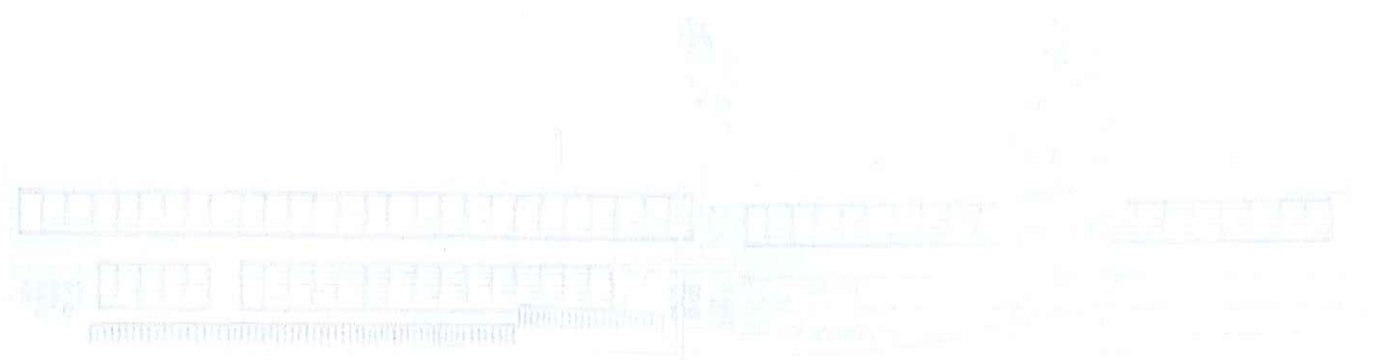
ATTENTION APPLICANTS!

Please forward the following documents to:

Dr. Billy Daleske, Superintendent
Braymer C4 School District
400 Bobcat Ave
Braymer, MO 64624

Or email to: bdaleske@braymerc4.net

1. District Application
2. Letter of Intent
3. Current Resume with References and Phone Numbers
4. College Transcripts
5. Missouri Teaching Certificate
6. College Placement



Braymer C-4 School District

APPLICATION FOR A CERTIFICATED POSITION

The Braymer C-4 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 an 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 the Superintendent at (660)645-2284.

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 _____

Current Address _____

Street	City	State	Zip
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Current Phone _____

Permanent Address _____

Street	City	State	Zip
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Permanent Phone _____

Date Available _____

Certification: Type _____ (Life, Initial, Career) _____

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/Administrative Experience: (If none, list student teaching experience.)

District Name & Location	Position	Dates of Employment	Number of Years	Supervisor & Phone Number

Other Work Experience:

District Name & Location	Position	Dates of Employment	Number of Years	Supervisor & Phone Number

References:

Name	Address	Phone Number	Position

RELEASE
READ CAREFULLY BEFORE SIGNING

I acknowledge and agree to follow provisions as conditions as 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 checked 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 for a period of six months. 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 _____ Placement File _____ Transcripts _____

Teaching Certificate _____ Child Abuse Check _____ Letter of Intent _____

Criminal Record Check _____

Previous Employer Contact: _____

Resigned without Issue: _____ Resigned in lieu of Termination: _____

Terminated: _____ Sexual Misconduct Claim: _____

Date Interviewed: _____ Interviewed by: _____

Date and Time: Applicant notified _____

Date and Time: Applicant accepted _____

Position Offered: _____

Salary Step and Level: _____