

SECRETARIAL APPLICATION FORM

MARSHFIELD R-1 SCHOOL DISTRICT
MARSHFIELD, MISSOURI 65706

Date _____

Applicant _____ Soc. Sec. # _____

Present Address _____ Telephone (H) _____
_____ (W) _____

Permanent Address _____

To your knowledge, are you related to any employees or school board members of the school district? ___ Yes ___ No If yes, explain _____

EDUCATIONAL BACKGROUND: Please list all education chronologically, beginning with the high school from which you graduated.

<u>School/College/Univ.</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Degrees Earned or Certificates</u>	<u>Hours Earned</u>

WORK IN SCHOOLS: Please list all work that you have done in schools.

<u>School</u>	<u>Location</u>	<u>Job Title</u>	<u>Dates (From/To)</u>	<u>Paid/Non-Paid</u>	<u>Responsibilities</u>

ADDITIONAL WORK EXPERIENCE:

<u>Employing Agency</u>	<u>Location</u>	<u>Job Title</u>	<u>Dates (From/to)</u>	<u>Responsibilities</u>	<u>Supervisor</u>

The Marshfield R-1 Schools do not discriminate based on race, color, gender, national origin, disability, or age. Persons who Have questions about this may inquire at the Superintendent’s Office, 170 State Hwy DD, Marshfield, MO 65706 or telephone 417-859-2120. The Marshfield R-1 School District is an equal opportunity employer.

Describe any experience, skills, or qualifications, which you feel would especially qualify you to become employed as a secretary:

REFERENCES: Please list 2 persons who have directly supervised your work and 2 persons who have known you for one or more years.

<u>Name</u>	<u>Supervisor/Friend</u>	<u>Address</u>	<u>Telephone</u>

Have you ever been charged with or convicted of child abuse or child molestation? Yes No

Have you ever been charged with, convicted of or entered a plea, including a plea of *nolo contendere*, to any felony or misdemeanor, whether or not sentence was imposed or suspended, except for minor traffic violations? If yes, please explain. Yes No

The school district will complete a background check including all convictions and/or child abuse charges on all candidates. Please provide a notarized signature indicating your authorization for this background check.

(Name) (Date)

Subscribed and sworn to before me at (City) _____ (State) _____,
this _____ day of _____, 20____.

My Commission expires _____

Notary Public

