

TELEPHONES

SCOTT CENTRAL
HIGH SCHOOL
JOHN-MARK JONES, PRINCIPAL
(573) 471-2001
Fax (573) 471-2004

SCOTT CENTRAL
ELEMENTARY SCHOOL
STACEY PULLEN, PRINCIPAL
(573) 471-3511
Fax (573) 471-3515

SCOTT COUNTY CENTRAL

Brian Hukel, Superintendent

email: bhukel@scottcentral.k12.mo.us
20794 US Hwy. 61 -Sikeston, Missouri 63801-7260
Phone (573) 471-2686 · Fax (573) 471-2029

SCHOOL DISTRICT



BOARD OF EDUCATION

Dee Cookson, President
Robert Cook, Vice-President
Alissa Harper, Secretary
Clay Graviett, Treasurer
Travis Glueck
Matt Pobst
Paul A. Johnson

TEACHER APPLICATION

NAME _____ SSN _____ - _____ - _____ DATE ____/____/____

PRESENT ADDRESS _____ PHONE _____

OTHER LOCATION WHERE I MAY BE REACHED _____ PHONE _____

COLLEGE DEGREES _____ DATE EARNED _____ ; _____ DATE EARNED _____

TYPE OF CERTIFICATES NOW HELD _____

SUBJECT OR AREAS QUALIFIED FOR _____

POSITION APPLYING FOR: (grade or subject in preference order) _____

SCHOOLS ATTENDED

NAME OF SCHOOL	CITY	STATE	YEARS ATTENDED	DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				

SEMESTER UNDERGRADUATE HOURS: _____ SEMESTER GRADUATE HOURS: _____

The Scott County Central School District does not discriminate, either in its employment or in its offerings for students, on the basis of race, color national origin, sex, age, or handicap. Inquiries concerning compliance with the regulations implementing Title VI, Title IX, or Section 504, P.L. 93-112 are directed to contact Mr. Brian Hukel, Superintendent, 20794 U.S. Hwy 61, Sikeston, MO 63801-7260, (573)471-2686. This application will be kept on file for 1 year from date of submission.

TEACHING EXPERIENCE

EMPLOYED BY	CITY	STATE	DATES	POSITION/SUBJECTS TAUGHT

PRESENT SALARY _____ EARLIEST CONVENIENT INTERVIEW DATE _____

CHECK ACTIVITIES WHICH YOU CAN DIRECT SUCCESSFULLY:

PLAYS DEBATE SCHOOL PUBLICATIONS ORCHESTRA BAND ATHLETICS SINGING GROUPS SCHOOL YEARBOOK

OTHER ACTIVITIES _____

CLUBS _____

MAJOR SUBJECT _____ SEMESTER HOURS _____

MINOR SUBJECT _____ SEMESTER HOURS _____

PRACTICE TEACHING COMPLETED? YES NO DATE OF COMPLETION _____

PRACTICE TEACHING ASSIGNMENT: SCHOOL _____ GRADE OR SUBJECT _____

OTHER PERTINENT INFORMATION _____

REFERENCES

NAME	ADDRESS	VOCATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SIGNATURE _____

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