

TELEPHONES

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

SCOTT CENTRAL
ELEMENTARY SCHOOL
ACEY 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

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

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: _____

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 _____

READ CAREFULLY BEFORE SIGNING

I acknowledge and agree to the following provisions as conditions to consideration 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 checks as well as background checks by the Missouri State Highway Patrol through the Missouri Automated Criminal History Site (MACHS) 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 one year from the submission date. 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 _____ Credentials _____ Transcripts _____

Date interviewed: _____ Interviewed by: _____

Date and time: Applicant notified _____

Date and time: Applicant accepted _____

Position offered: _____

Salary step and level: _____