

SCOTT COUNTY CENTRAL

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



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

NON-CERTIFIED APPLICATION

NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS _____ PHONE _____

POSITION APPLYING FOR: _____

CDL # (IF APPLICABLE) _____ MO SCHOOL BUS LICENSE # _____

HIGHEST GRADE COMPLETED _____

NAME OF SCHOOL _____ ADDRESS _____

PREVIOUS EXPERIENCE IN THIS FIELD? YES NO

NUMBER OF YEARS _____ WHERE _____

REFERENCES (3) (OTHER THAN RELATIVE)

NAME:	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATES	PREVIOUS EMPLOYER	ADDRESS	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE _____

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.

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: _____