

**B**ucklin R-II School District

26832 Hwy 129  
Bucklin, MO 64631  
Phone: 660-695-3555  
Fax: 660-695-3345



**Classified Employment Application**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

EDUCATION: LAST GRADE COMPLETED \_\_\_\_\_ YEA  
R \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

TYPE OF DEGREE/DIPLOMA \_\_\_\_\_

If college degree was not received, then list amount of hours earned & the Area of Concentration

\_\_\_\_\_

Special licenses/certifications \_\_\_\_\_ Exp date \_\_\_\_\_

Driver number \_\_\_\_\_ Exp date \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF SO, WHY? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_

**EMPLOYMENT (MOST CURRENT EXPERIENCE)**

FROM/TO	POSITION	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

Should you need more room include on separate paper.

Have you previously been a member of the non-teacher (PEERS) or teacher retirement system (PSRS)?

YES       NO

IF YES:  PSRS       PEERS

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applications can be sent to:  
Steve Coulson, Superintendent  
Bucklin R-II School District  
26832 Hwy 129  
Bucklin, MO 64631  
[scoulson@bucklin.k12.mo.us](mailto:scoulson@bucklin.k12.mo.us)  
Fax: 660-695-3345

The Bucklin R-II School does not discriminate in the areas of age, race, creed, color, religion, sex, and national origin, veterans and the handicapped in regard to employment practices, recruitment, admission, placement and retention of students. The position of the Title IX and Section 504 Coordinator is Office of the Superintendent. The Superintendent's address is 26832 Hwy 129, Bucklin, Mo 64631, and telephone number is 660-695-3555. Fax number is 660-695-3345. Bucklin R-II School District is an Equal Opportunity Employer.

## 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. 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 through Missouri Automated Criminal History Site (MACHS) [www.machs.mo.gov](http://www.machs.mo.gov) as a condition for consideration of my application for employment. The background check is performed by both the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigation (FBI).

3. I certify that the answers given in this application are true and complete to the very best of my knowledge. In 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 after the date listed on the application. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### -----Administrative Use Only-----

Date Received:      Application \_\_\_\_\_      Transcripts \_\_\_\_\_

Date/Time of Interview Notification: \_\_\_\_\_

Date of Interview: \_\_\_\_\_      Interview Team: \_\_\_\_\_

Date/Time of Application Notification: \_\_\_\_\_

Position Offered: \_\_\_\_\_

Salary Lane and Step: \_\_\_\_\_