Gallatin R-V School District

602 South Olive Street

Phone (660) 663-2171

Gallatin, MO 64640

Fax (660) 663-2559

Thank you for your interest in the Gallatin R-V School District.

INSTRUCTIONS:

The following information is needed in order to complete your file:
1) completed application; 2) undergraduate and graduate transcript; 3) resume; 4) copy of Missouri teaching certificate.

Optional: Letters of Recommendation; Placement file

All materials should be sent to:

Superintendent Gallatin R-V School District 602 S. Olive St. Gallatin, MO 64640

Upon completion of the above, all files will be reviewed and based on district needs, necessary interviews will be scheduled with selected candidates.

Full Name				
Address				
Street	City	State	Zip	
Phone Number(s)				
Position Applying For				
First Choice	Second Choice			
Prior Work Experience				
Name of Current Employer		Time Employed		
Address				
Street	City	State	Zip	
Phone	Supervisor Name/Title	9		
Position Held	Salary			
Past Employer		_ Time Employed _		
Address				
Street	City	State	Zip	
Phone	Supervisor Name/Title	2		
Position Held	Salary			
Past Employer		Time Employed _		
Address				
Street	City	State	Zip	
Phone	Supervisor Name/Title	2		
Position Held	Salary			

Educational Background				
High School Name	Location			
High School Diploma: Yes No				
Technical Education (Business, Trade, Service, etc.)				
School Name	Location			
Years Attended Subjects Studied				
College and University (Undergraduate, Graduate, Professional,	etc.)			
Name Location _				
Total Semester Hours Major Subject				
Degree Received	Date			
Name Location				
Total Semester Hours Major Subject				
Degree Received	Date			
Have you ever been found guilty or pled guilty, received a suspended imposition of sentence, or entered an alford plea or a plea of "nolo contender" for a violation of any law in this state, or any other, or in the United States, other than a traffic violation? Yes \ No Have you ever been convicted of a felony? Yes \ No Have you been asked to resign or been discharged from employment, teaching or otherwise? Yes No References				
Name Address	Phone			
1. 2.				
Please add any additional information, which you deem appropr I hereby certify that the information presented in this application is, to the bes plete. Any falsification of this record will be sufficient cause for disqualification application becomes the property of the Gallatin R-V School District.	t of my knowledge, true, accurate and com-			
Signature	Date			

Nondiscrimination Statement
The Gallatin R-V School District, as an Equal Opportunity Employer, complies with applicable federal and state laws prohibiting discrimination, including Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1974 and The American Disabilities Act (ADA). It's the policy of the school district that no person, on the basis of race, color, national origin, sex, age or handicap, shall be discriminated against in employment, educational programs and activities or admissions. Inquiries or complaints concerning the Gallatin R-V School District's compliance with the regulations implementing Title II, Title VI, Title IX, Section 504 or the American Disabilities Act (ADA) may be directed to: Superintendent's Office, Gallatin R-V School District, PO Box 530, Chillicothe, MO 646401 (660) 663-2171.