

**APPLICATION FOR
Teaching Position in
The Lone Jack School District
“The School of Excellence in Jackson County”**

(Please type all responses unless otherwise directed)

Date: _____

Position for which you are applying: _____

NAME _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

SOCIAL SECURITY # _____ TELEPHONE _____

Positions for which you are certified in Missouri _____

Degree Received _____ Date Degree Received _____ From: _____
Degree Received _____ Date Degree Received _____ From: _____

Honors and Awards Received: _____

Have you ever been convicted of a felony? Yes _____ No _____
Teaching experience in REVERSE Chronology. Omit Student Teaching.

Grade/Subject	School District	Dates	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List hobbies, avocations, pursuits in which you regularly indulge: _____

Are you willing to sponsor, lead or direct extra-curricular activities? _____

List four words that you feel most people who know you would use to describe you.

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

