



UNIVERSITY ACADEMY

6801 Holmes Road, Kansas City, MO 64131

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p: 816-412-5900, f: 816-410-0322

Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. In order to be considered for employment, your application must be complete. (If a question does not apply – use N/A) Although a resume is welcomed, it will not be accepted in lieu of completing the application.

Please type or print neatly.

An Equal Opportunity Employer

POSITION DESIRED

- | | | |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Teacher Aide | <input type="checkbox"/> Substitute <input type="checkbox"/> Instructional |
| <input type="checkbox"/> Special Ed. | | |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Cashier |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Seasonal/Other_____ | |
| <input type="checkbox"/> Summer School | <input type="checkbox"/> Specify Level/Subject_____ | |

PERSONAL DATA

Social Security Number_____ Date_____

Application kept on file for one year from this date.

Full legal name as it appears on your social security card

First

Middle

Last

Other Name(s)_____

(Please provide any additional information relative to change of name, use of assumed name, nickname, etc. or other names—first and last—necessary to enable a check on your work or school record)

Address _____

Home Phone _____

Business Phone _____

Permanent Address _____

Email _____

What is your present employment status? _____

Current Employer? _____

If presently employed, why do you wish to change employment? _____

When can you begin work? _____

If you are under contract, when does your contract expire? _____

REFERENCES

Applicants for administrative or teaching positions should submit three written references to Human Resources/Personnel.

List names and addresses of three persons not related to you who know your qualifications.

A.
Name _____ Address _____ Phone _____

B.
Name _____ Address _____ Phone _____

C.
Name _____ Address _____ Phone _____

EDUCATION

A. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

B. Name and location of last secondary school attended

C. If you did not complete high school, do you have a GED/high school equivalency diploma?
Yes _____ No _____

D. Circle number of years of post high school education completed 1 2 3 4

Please list, in order of attendance, all post high school educational institutions attended. This information should be complete, and official college and/or university transcripts must be submitted to the University Academy Personnel Office.

Name and Location of Institution	Sem. Hours	Degree	Major	Minor

EXPERIENCE

Please describe all work experience. You may list significantly different jobs within the same organization as separate items. If you need additional space, use a separate sheet of paper. Explain any years omitted in experience history. May we contact your present employer? Yes _____ No _____

A. Job Title _____ Type of business _____
Employer name and address _____

Immediate supervisor (name and title) _____ Phone No. _____

Number and type of employees supervised _____

Equipment used _____

Dates (Mo/Yr) From _____ To _____ No. Yrs. Full Time _____ No. Yrs. Part Time _____

Salary (start) _____ (finish) _____ Reason for leaving _____

Duties _____

B. Job Title _____ Type of business _____

Employer name and address _____

Immediate supervisor (name and title) _____ Phone No. _____

Number and type of employees supervised _____

Equipment used _____

Dates (Mo/Yr) From _____ To _____ No. Yrs. Full Time _____ No. Yrs. Part Time _____

Salary (start) _____ (finish) _____ Reason for leaving _____

Duties _____

C. Job Title _____ Type of business _____

Employer name and address _____

Immediate supervisor (name and title) _____ Phone No. _____

Number and type of employees supervised _____

Equipment used _____

Dates (Mo/Yr) From _____ To _____ No. Yrs. Full Time _____ No. Yrs. Part Time _____

Salary (start) _____ (finish) _____ Reason for leaving _____

Duties _____

CERTIFICATE OF APPLICANT (ALL APPLICANTS)

- Have you ever been involuntarily terminated from employment? Yes _____ No _____

If yes, please give the name of the employer, the date, and the reasons for the termination.

- Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? Yes _____ No _____

If yes, please explain what accommodation is needed

- Have you ever been convicted of a felony, a crime of moral turpitude (i.e., lying, cheating, or stealing) or any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes _____ No _____

If yes, please explain

- Have you ever been charged and found guilty of child abuse and/or neglect? Yes _____ No _____

If yes, please explain

- Are any criminal charges or proceedings pending against you? Yes _____ No _____

If yes, please explain

Conviction of a crime is not an automatic bar to employment. The division will consider the nature of the offense, and the relationship between the offense and the position for which you are applying.

The purposes of compliance with Missouri Codes, are you legally eligible for employment in the United States? Yes _____ No _____

I hereby certify that all statements are true, complete and correct to the best of my knowledge and belief. I understand that if employed the terms of the contract are subject to change should the information provided be inaccurate or not officially verifiable.

I hereby authorize the Office of Personnel to conduct work history, personal references, or police record inquiries and waive the right to hold liable those persons for providing any requested information. It is understood that such information is to be absolutely privileged, confidential, and used only in determining my qualifications for employment and assignment.

I agree that any willful omission or falsification of material facts in this application, which would ordinarily be used as a basis for not hiring me, will constitute sufficient reason for immediate dismissal. **I**

understand that unless this application is completed in detail, it will not be considered.

Legal Signature of Applicant

Date

APPLICANTS FOR TEACHER AND ADMINISTRATIVE POSITIONS PLEASE COMPLETE THE FOLLOWING

Do you hold a current Missouri teaching certificate for the position(s) for which you are applying? _____ Exp. Date _____

If no, are you eligible for a Missouri license for the position(s) for which you are applying? _____

Do you hold a valid teaching certificate in a state other than Missouri? _____ If so, where? _____

Exact Title _____ Expiration

Date _____

Certificate Endorsements Position(s) you prefer (List in order of priority)

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

Have you taken the Praxis I? _____ Scores: Math _____ Reading _____

Writing _____

Praxis II Specialty Area _____ Score _____

INCLUDE A COPY OF YOUR CERTIFICATE(S) WITH THIS APPLICATION

Has your teaching license ever been suspended or revoked? _____ If yes, give details

EXPOSITORY REMARKS

ADMINISTRATOR CANDIDATES: Please provide a handwritten response to the following questions:

- a. How would you begin building relationships with teachers, administrators, parents and students?
- b. Describe why you are the best candidate for the position and your potential contribution to University Academy through this position. What skills do you bring that will compliment the academy?

TEACHER CANDIDATES: Please provide a handwritten responses to two of the following questions:

- a. How would you design differentiated activities to challenge gifted and struggling students?
- b. Explain how positive teacher interaction assists in motivating perceived low achievers and how would you begin to build a positive relationship with families?
- c. Describe the effective instructional strategies you would use in any classroom setting.
- d. How would you provide for a safe, orderly, and positive environment in the classroom?

ADDITIONAL QUESTIONS FOR TEACHER CANDIDATES:

1. Highlight your student teaching experience(s). What were the successes and challenges?
2. Describe effective classroom management strategies you would use when faced with disruptive students.

Signature _____ Date _____

OPTIONAL APPLICANT SECTION

This information will not be used for making employment decisions and will not be kept with your application for employment.

The information in this section is needed to analyze and assure compliance with State and Federal Equal Employment Opportunity laws and to meet the reporting requirements of these laws. After this information is recorded, this section will be separated from your application.

Check the appropriate block:

Female _____ Male _____ Date _____

Age group – circle appropriate range under 19 20-30 31-40 41+

Position(s) applied for _____

Check the block for the racial or ethnic group with which you identify. (Check only one)

A _____ White (includes persons of Arabian descent)

B _____ Black (includes Jamaicans, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)

C _____ Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)

D _____ Asian and Asian American (includes Pakistanis, Indians and Pacific Islanders)

E _____ American Indian (includes Alaskan natives)