

GENERAL INFORMATION

Do you have any physical condition which may limit your ability to perform the job applied for or that would require special accommodation by the district.

REFERENCES: Give names and addresses of a least three persons, other than relatives, who have a personal knowledge of your character and qualifications:

Name

Address & Phone Number

WORK EXPERIENCE

Employing Firm	Job Title	Dates of Employment	Reason for leaving

Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor or ordinance violation? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00. Do not exclude offenses related to driving while intoxicated (DWI) or driving while under the influence (DUI). _____

Have you ever received suspended imposition of sentence or suspended execution of sentence for a felony, misdemeanor or ordinance violation? (Exclude traffic offenses for which you were not sentenced to jail for which the fine was less than \$100.00. Do not exclude offenses related to driving while intoxicated (DWI) or driving while under the influence (DUI). _____

Have you ever plead guilty or nolo contendere (no contest), or entered an Alford plea, to a felony or misdemeanor, or ordinance violation? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00. Do not exclude offenses related to driving while intoxicated (DWI) or driving while under the influence (DUI).) _____

Are you currently on probation or parole? _____

Has the Missouri Department of Family Services, or a similar agency in any other state or jurisdiction, ever issued a determination or finding of cause or reason to believe or suspect that you had engaged in the physical, emotional, psychological or sexual abuse or neglect of a child? _____

(If the answer to any of the foregoing questions is "yes," please attach explanation to application.)

I certify that the facts contained in this application are true and complete to the best of my knowledge. I am legally authorized to work in the United States on a full-time basis. I also understand that, even if employed, falsified statement on this application shall be grounds for my immediate dismissal.

Applicant's Signature _____ Date _____

Employment with the District is contingent upon the satisfactory completion of a criminal and child abuse/neglect record check. An unsatisfactory report shall constitute cause for rejection of an application or immediate termination, as may be appropriate. Although the existence of an arrest, charge, or conviction alone may not constitute an unsatisfactory report, the District has a compelling interest in ensuring the safety and welfare of its students. Therefore, the District is permitted by law and has an obligation, to request criminal record information for each applicant and employee and to act in accordance with such information and official records. Applicants and employees must report any arrests, charges, or convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Superintendent. Please read carefully and answer every question. By signing this form, the applicant consents to the district contacting (1) the references provided on this application, and (2) any and all former employers irrespective of whether such employers are identified herein. Applicant further consents to the release of any and all information that may be relevant to this employment by the district by such references and/or former employees.

Missouri State Highway Patrol

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /	

ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?

YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?

YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail	SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102
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AGENCY NAME	
ATTENTION	Fulton Public Schools
ADDRESS	2 Hornet Drive Fulton, MO 65251 (573) 590-8000
CITY, STATE, ZIP CODE	