Non-Certified Application for Employment

Galena R-II School District

Galena, Missouri

Date: Name:		
Phone: (Home)	(Cell)	
Are You Interested in (Please Check	One) Full Time Part Time Sub	
Check Position for Which You Are A	pplying	
Secretary	Teacher Aide	
Custodian	Cook	
Bus Driver	Nurse	
Other		
	felony?	
Education Background		
Check Highest Grade Completed Hig	gh School College Other	
If attended college, state number of	f hours completed	
Name and Address of College you a	ttended	
Check other areas in which you have	e experience or feel qualified:	
Play Musical Instrument	Correcting Papers	
Office Work (typing, pho	ne, etc)Art Work	
Library Work	Cooking	
Tutoring	Bus Driver	
Childcare	Nursing	

References: (Please state	name, address, and position)
1	
Please list previous empl	
1	
2	
For Teacher's Aide Appli	
Have you ever taken a te	acher's aide course? Where?
Date Completed	Did you receive a certificate of completion?
I hereby affirm that all stamy knowledge and belief	atements make in this application are true to the best of .
Applicant Signature	Date
	Return application to:
OFFICE USE ONLY	Galena R-II School District PO Box 286
Interview Date	Galena, MO 65656
Reference Checked	
Salary	