



HAYTI R-II SCHOOL DISTRICT

500 N. Fourth Street
P.O. Box 469
Hayti, Mo. 63851
Phone: (573) 359-6500
Fax: (573) 359-6502



Jackie Johnson, Superintendent

BOARD OF EDUCATION
Douglas Khourie, President
Chris Wooten, Vice-President
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BOARD OF EDUCATION
Mark Cartee, Member
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Rickey Robinson, Member
Kent Reynolds, Member

Dear Applicant:

Thank you for your interest in applying for an administrative position with the Hayti R-II School District. We ask that the following items be addressed as part of the application process:

1. Complete the enclosed application form.
2. Enclose a copy of your latest transcript with the application. An official copy of your transcript will be required if you are employed.
3. Enclose a copy of your Missouri administrator certificate or verification of your eligibility for a Missouri administrator certificate.
4. Request your placement file be sent to us, or enclose 3 to 5 recent letters of recommendation. Also, enclose a copy of your current resume.
5. If employed, a criminal background check is required by law. A request with the Missouri State Highway Patrol is also required.

Your application will become active once all the above information has been received. Your application will remain active until August 30th at which time you must resubmit a new application. Please call the Administrative office at (573) 359-6500 if you have any questions about the application process.

Sincerely,

Jackie Johnson
Superintendent

Hayti R-II School District

Administration Office
P. O. Box 469
500 North Fourth Street
Hayti, Missouri 63851

Telephone: 573-359-6500 Fax: 573-359-6502

ADMINISTRATOR APPLICATION

The Hayti R-II School District is an Equal Opportunity Employer and operates programs, which do not discriminate in relation to age, race, color, creed, religion, national origin, gender, or marital status. The Hayti R-II School District is prohibited from discriminatory practices by Title VI and Title VII of the Civil Rights Act of 1984, Title IX of the Education Amendments of 1972, and Section of 504 and various state laws and regulations.

Position Applied For: _____ Date: _____

Have you ever been convicted of any violation of the law? YES _____ NO _____

If Yes, Please Explain: _____

Name: _____
Last, First, Middle and All Other Names Formerly Used

Home Telephone : _____ Work Telephone: _____ FAX: _____

E-Mail Address(s): _____

Social Security Number: _____

CERTIFICATION

Do you hold Missouri certification in the area in which you are applying? _____

If not, please explain: _____

Futher explanation(s): _____

Please list below area(s) of administrative certification

Area	Level(s)	Type of Certificate			Expiration Date
_____	_____	Life ___	Prov ___	PCI ___ PCII ___ CPC ___	_____
_____	_____	Life ___	Prov ___	PCI ___ PCII ___ CPC ___	_____
_____	_____	Life ___	Prov ___	PCI ___ PCII ___ CPC ___	_____

EDUCATIONAL INFORMATION

High School: _____ Telephone: _____ Year Gradated: _____

Address: _____ City: _____ State: _____ ZIP: _____

College/University (Please list most recent experience first)

Graduate Studies

1. Name of School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Attended: _____ / _____ Degree: _____ Year Graduated: _____ Major: _____

2. Name of School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Attended: _____ / _____ Degree: _____ Year Graduated: _____ Major: _____

3. Name of School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Attended: _____ / _____ Degree: _____ Year Graduated: _____ Major: _____

Under Graduate Studies

1. Name of School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Attended: _____ / _____ Degree: _____ Year Graduated: _____ Major: _____

2. Name of School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Attended: _____ / _____ Degree: _____ Year Graduated: _____ Major: _____

3. Name of School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Attended: _____ / _____ Degree: _____ Year Graduated: _____ Major: _____

Other Educational Preparations

1. Name of School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Attended: _____ / _____ Degree: _____ Year Graduated: _____ Major: _____

4. Name of School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Attended: _____ / _____ Degree: _____ Year Graduated: _____ Major: _____

Professional Experience
(List most recent experience first)

1. School: _____ Telephone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Grade Level(s): _____ Subject(s) Taught: _____
How Long?: _____ Dates: _____ Full Time?: _____ Part Time?: _____
Immediate Supervisor: _____ Telephone: _____
Reason(s) for Leaving: _____

2. School: _____ Telephone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Grade Level(s): _____ Subject(s) Taught: _____
How Long?: _____ Dates: _____ Full Time?: _____ Part Time?: _____
Immediate Supervisor: _____ Telephone: _____
Reason(s) for Leaving: _____

3. School: _____ Telephone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Grade Level(s): _____ Subject(s) Taught: _____
How Long?: _____ Dates: _____ Full Time?: _____ Part Time?: _____
Immediate Supervisor: _____ Telephone: _____
Reason(s) for Leaving: _____

Extra-Curricular

(Please place a check mark by any extra curricular areas that you have sponsored/coached.)

Drama ___ Year Book ___ Drill Team ___ Speech ___ Junior Class Concession Stand ___ Cheerleading ___ Baseball ___
Basketball ___ Girls Volleyball ___ Girls Softball ___ Football ___ Others: _____

Achievements and Honors

(Please List Pertinent Achievements/Honors Received)

References

1. Name: _____ Official Position: _____

Address: _____ City: _____ State: _____ ZIP: _____

2. Name: _____ Official Position: _____

Address: _____ City: _____ State: _____ ZIP: _____

3. Name: _____ Official Position: _____

Address: _____ City: _____ State: _____ ZIP: _____

AUTHORIZATIONS

I authorize investigation of all statements contained in this application and certify that all information included herein is complete and accurate. I understand that any false information given on this application is a cause for immediate dismissal. I agree, if employed, to follow the rules and regulations of the district.

I agree and consent to have criminal record checks, Division of Family Services child abuse checks and arrest record checks, as conditions to consideration of my application for employment. I understand that disclosure of past criminal convictions includes disclosures for a suspended imposition if sentence was imposed.

Signature of Applicant

Date

Please enclose a copy of your transcripts and a copy of your teaching certificates.

For School Office Use Only

Employment Date: _____ Position: _____ Grade Level _____ Building: _____

Salary : _____ Extra Curricular Assignment: _____ Salary: _____

Replacing: _____

Other Agreements: _____

APPLICANT QUESTIONS

Name: _____ Social Security# _____ - _____ - _____

Please respond to the following questions in your own handwriting.

1. Why did you decide to become an administrator and why are you seeking this position?
2. What student outcomes would you strive for as an administrator?
3. Write a brief autobiography focusing on the important people and events in your life.