

## Churchill Center & School for Learning Disabilities

1021 Municipal Center Dr.
Town and Country, MO 63131
T: 314-997-4343
F: 314-997-2760
www.churchillstl.org



An Equal Opportunity Employer We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status.

## EMPLOYMENT APPLICATION NAME: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_ EMAIL: \_\_\_\_\_ POSITION SOUGHT: \_\_\_\_\_ DATE COMPLETING FORM: \_\_\_\_\_\_ INTERESTED IN: SUMMER SCHOOL DAY SCHOOL **EDUCATION** WHERE **DEGREE** HIGH SCHOOL: COLLEGE: -GRADUATE WORK OR SPECIAL TRAINING: **FEACHING EXPERIENCE INSTITUTION** GRADE LEVEL SUBJECTS DATES REASON FOR LEAVING

MISSOURI C	ERTIFICATIONS HELD:		
			,
past employme	urchill Center & School ent history.		s listed below for the purpose of determining there is any reason why you should not be
Signature			Pate
NAME	POSITION	ADDRESS	PHONE NUMBER
Are you under	contract with your preser	nt employer? Yes	_ No
May we contact	your present employer?	Yes No	
Have you ever l	peen convicted of an offe	nse other than a minor t	traffic violation? Yes No
Conviction will	not necessarily disqualify	an applicant from empl	loyment.
Are you able to	perform the duties and f	unctions of the job for w	which you are applying? Yes No
How did you lea	arn about this position?		
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1. What motivated you to apply for a position	at Churchill Center & School?
2. What do you think you did best in your mos	t recent teaching position or student teaching experience?
3. What experiences and training have prepare	d you for teaching students with learning disabilities?
background check, as may be necessary in arriving I understand that false or misleading information	complete to the best of my knowledge. I authorize application for employment, including criminal recording at an employment decision. In the event of employment, in given in my application or interview(s) may result in to abide by all rules and regulations of the employer.
Signature	Date