



TEACHING POSITION APPLICATION

**ORAN R-III SCHOOL DISTRICT
310 CHURCH STREET P.O. BOX 250
ORAN, MO 63771**

573-262-3345, Option 2 (High School)

*NOTE: If completing in Word online, please use the mouse to move between fields;
pressing tab may cause the form to act improperly*

NAME: _____ **DATE:** _____

PRESENT ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ **CELL PHONE#:** _____

BIRTHDAY: _____ **SOC. SEC. #:** _____

POSITION DESIRED: _____

AREAS OF CERTIFICATION: _____

Total Hours: **Total Graduate Hours:** **Total Hours in Education:**

EDUCATION:

School: _____ **Years Attended:** _____

Major/Minor: _____ **Degree:** _____

School: _____ **Years Attended:** _____

Major/Minor: _____ **Degree:** _____

School: _____ **Years Attended:** _____

Major/Minor: _____ **Degree:** _____

School: _____ **Years Attended:** _____

Major/Minor: _____ **Degree:** _____

Do you have a valid Missouri Teaching Certificate?

**Are you or have you ever been in the Missouri
Teacher Retirement System (PSR)?**

Type of Certification: _____

Professional Activities – Memberships in Associations, Clubs, Etc.

TEACHING EXPERIENCE:

School System: _____	Location: _____
Years Taught: _____	Area of Teaching: _____
School System: _____	Location: _____
Years Taught: _____	Area of Teaching: _____
School System: _____	Location: _____
Years Taught: _____	Area of Teaching: _____
School System: _____	Location: _____
Years Taught: _____	Area of Teaching: _____

REFERENCES: (Preferably principals or superintendents under whom you served.)

Name: _____ Phone: _____
Address: _____
Official Position: _____

Name: _____ Phone: _____
Address: _____
Official Position: _____

Name: _____ Phone: _____
Address: _____
Official Position: _____

Are your credentials on file?
If so, where? _____

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

If yes, please give date, city/county/state & circumstance: _____

I recognize that falsification of this application will result in my dismissal!!

Signature of Applicant:

Submit your application by e-mail as an attachment to: afriga@oran.k12.mo.us

Or return this application to: Adam Friga, HS Principal
Oran R-3 School District
310 Church Street,
P.O. Box 250
Oran, MO 63771
FAX: 573-262-2289