Non-certified Applicants

**Items to Return to Supt. Office**

___  Application for Employment
Norwood R-I School
Fingerprinting/Background Check Information

A criminal background check must be completed if you are requesting a substitute certificate and are a new employee with the school district.

To schedule an appointment to electronically submit fingerprints for a position at Norwood school you can:

Go to www.machs.mo.gov

You will need the following information:

- The county /district code number of Norwood School District; **114-112**; if not employed please use code 999999

- Enter the appropriate code for the following:
  - **Certified Educator** - 2192
  - **Uncertified employee, i.e. secretary, custodians and other Personnel** - 2194
  - **Substitute Teacher** - 2193
  - **Bus Driver** - 2195

- DESE’s ORI number, which is **MO920320Z**

Processing fee is $40.30 for the fingerprinting/background check. This will be reimbursed if you are hired by the Norwood School District. If you are a substitute teacher, after you have substituted five times for our district, you will be reimbursed.

Any questions regarding this portion of the application process should be directed to the Department of Elementary and Secondary Education, Conduct and Investigations Section at 573-522-8315
## Worker Registration Form

**Missouri Department of Health and Senior Services**  
**Family Care Safety Registry**

### Registration/Type  
(Complete column on right only if Long Term Care/Personal Care selected on left.)
- [ ] Adoptive Parent (Agency Name: ______________________)  
- [ ] Child Care  
- [ ] Foster Parent/Family Member of Foster Parent (County Office: ______________________)  
- [ ] Hospital  
- [ ] Long Term Care/Personal Care (Please choose subcategory at right: □)  
- [ ] Mental Health/Psychiatric Hospital  
- [ ] Voluntary (Select voluntary if no other registration type applies.)

A one-time registration fee of $12.00 applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.  

Register only once. If you believe you have already registered, check our website at [www.health.mo.gov/safety/fcsr or call, toll free, 866-422-0872.](http://www.health.mo.gov/safety/fcsr)

### Social Security Number  
(Mail copy of card with form.)

### Personal Information  
(Provide all names you have used, starting with most recent. Include legal names and nicknames.)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX (Jr., Sr., II, III)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAIDEN NAME (If applicable)</th>
<th>PRIOR NAMES USED (If applicable, list first and last names.)</th>
<th>DATE OF BIRTH (mm-dd-yyyy)</th>
<th>GENDER</th>
</tr>
</thead>
</table>

### Contact Information  
(Mailing address: Enter your street address or post office box. This address must be different from Employer Address.)

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE</th>
<th>EMAIL (Optional)</th>
<th>COUNTRY (Complete only if U.S. territory/outside U.S.)</th>
</tr>
</thead>
</table>

### Employer/Associated with This Registration  
(Complete either left or right column, not both:)

- [ ] My current/potential child care, long term care or mental health care employer is:  

### Employer Name  
NORWOOD R-I SCHOOL DISTRICT

### Employer Address  
675 N HAWK AVE

### Employer City  
NORWOOD

### Employer Telephone  
(417) 746 - 4101

### Registration/Agreement  
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 my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requestor of the FCSR for employment purposes only, as provided in 210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as anACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

### Signature of Applicant  
(Must be signed in blue or black ink.)

### Date of Signature  
(Must be within six months of submission.)

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**MO 590-2421 (FP)**

Rev. 01/15
The information below corresponds to the Marketplace Employee Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?
   □ Yes (Continue)
   ☑ No (STOP and return this form to employee)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? ________________ (mm/dd/yyyy) (Continue)

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don’t know, STOP and return form to employer.

16. What change will the employer make for the new plan year?
   □ Employer won’t offer health coverage
   □ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard. a (Premium should reflect the discount for wellness programs. See question 15.)
   a. How much will the employee have to pay in premiums for that plan? $ __________
   b. How often? □ Weekly □ Every 2 weeks □ Twice a month □ Monthly □ Quarterly □ Yearly

Date of change (mm/dd/yyyy):

a. An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is at least 90 percent of such costs (Section 3638(c)(2)(C)(vi) of the Internal Revenue Code of 1986).
NONCRIMINAL JUSTICE APPLICANT’S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification\(^1\) that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.\(^2\)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.\(^3\)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

\(^1\) Written notification includes electronic notification, but excludes oral notification.
\(^2\) See 28 CFR 50.12(b).
\(^3\) See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article 1V(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
APPLICATION FOR A SUPPORT STAFF POSITION

The Norwood R-I School District considers applicants for all positions without regard to race, color, religion, sex, national origin, or disability. If you have a disability or handicap which may require accommodation for you to participate in our application process (including filling out this form, interviewing or any other pre-employment procedure or requirement), please make us aware of any accommodation you feel is necessary. If you have any inquiries, complaints or concerns about any pre-employment procedure or requirement, including completing this application, or about the District policy of non-discrimination, you may contact Norwood School at 417-746-4101.

All applicants are expected to answer all questions on this application. Answer “none” or “not applicable” where necessary.

Today’s Date _______________

Name: _____________________________________________________________

Other names that may appear on your transcript or records:
________________________________________________________________________

Current Address: _______________________________________________________________

(Street) (City) (Zip)

Home Phone: ( ) ___________________ Cell Phone: ( ) ___________________.

Position(s) for which you are applying:
________________________________________________________________________

Skills you possess pertain to the position(s) for which you are applying: ____________________
______________________________________________________________________________
______________________________________________________________________________
### EDUCATION RECORD

<table>
<thead>
<tr>
<th>Name &amp; Location</th>
<th>Dates of Attendance</th>
<th>Name of Degree</th>
<th>Major</th>
<th>Overall GPA</th>
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</thead>
<tbody>
<tr>
<td>High School</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>College/Universities</td>
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<td>Business/Trade Schools</td>
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### WORK EXPERIENCE

<table>
<thead>
<tr>
<th>EMPLOYER NAME &amp; LOCATION</th>
<th>POSITION</th>
<th>DATES OF EMPLOYMENT</th>
<th>NUMBER OF YEARS</th>
<th>SUPERVISOR</th>
<th>PHONE</th>
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### REFERENCES:

<table>
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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>POSITION</th>
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EMPLOYMENT QUESTIONS:

1. Have you ever been arrested for, or charged with or convicted of a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than $100.00)

2. Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than $100.00)

3. Has the Missouri Division 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 have engaged in physical, emotional, psychological, or sexual abuse or neglect of a child?

4. Have you ever failed to be re-employed by an educational institution?

If the answer to any of the foregoing questions is “yes” please explain; use a separate sheet if necessary:
READ CAREFULLY BEFORE SIGNING

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

1. I hereby authorize my current and former employers and references to furnish any information about me and about my work experience. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release.

2. I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.

3. I certify that the answers given in this application are true and complete to the very best of my knowledge. In the even I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.

4. I understand that this application will be considered active through April 30th. I understand that if I wish my candidacy to remain open after that date I must submit another application.

_______________________________________________________  ______________________
Signature  Date

Do Not Write Below This Line - For Administrative Use Only

Date received: Application_______ Transcripts_______ Letters of Reference_______

Date interviewed: ________________ Interviewed by:________________________________

MACHS: Approved____________

Date and time: Applicant notified_________________________________

Date and time: Applicant accepted ________________________________

Position offered: _________________________________________

Salary Step and level:_________________________________________
APPLICANT QUESTIONS

Name: ______________________________________

Please respond to the following questions in your own handwriting.

1. Why have you chosen the position for which you are applying as your profession?

2. Describe how you would be able to help the students in our school district?

3. Why should Norwood School hire you over other applicants that may have the same qualifications?