

## **Montrose R-XIV School District**

307 E. 2nd Street, Montrose, Missouri 64770 660.693.4812 (phone) 660.693.4594 (fax) www.montroser14.com

## **Administrative Application Form**

Name:				
Address:				
City, State, Zip Code:				
Home Telephone:		Cell Phone:		
Current Position:		District:		
Location of District:		MO Supt. Certificate:	(copy enclosed)	
Type of District: K-8 K-12		Student Enrollment:		
Annual Budget:		Number of Professional Staff:		
Educational Preparation—Beginning with Bachelor's Degree				
DEGREE	YEAR EARNED	COLLEGE	CITY/STATE	
Administrative/Educational Ex	periences to Date (inclu	de current assignment)		
May a contact be made with your present employer? Yes No				
DATE FROM/TO:	POSITION	INSTITUTION/LOCATION	ENROLLMENT	
		y a current or former employer? t with this completed application		
	eparate paper and includ	an minor traffic violations? Yes le it with this completed applica any and all applicants.		
hereby notified that this institu sex, age or handicap in admis	ition does not discriminatesion or access to, or treates	and employees of the Montrose te on the basis of race, color, co atment of employment in its pro to contact: Amy Wagner, Boa	reed, religion, national origin, ograms and activities. Any	

Continued on pg. 2



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Administrative Application Form—PAGE 2  Professional References:					
Search, Attention: Amy W applications will be kept co tials, etc., for purposes of t	agner, Board of Educa Infidential; however, a This application proces	ation Secretary, 307 E. 2nd Il applications, letters of refe	XIV School District, Superintendent Street, Montrose, MO 64770. Initial erence, resumes, transcripts, credencome the sole property of Montrose Rfinitely.		
<ul><li>complishments of the p</li><li>Current resume (included)</li><li>Evidence of Missouri S</li></ul>	clude reasons for inte past five years) led references) superintendent's Certif	rest in the position and a de ication or eligibility thereof. enhance the application file.	escription of significant professional ac-		
I authorize investigation of accurate.	all statements in this	application and certify that a	all information included is complete and		
Signature			_ Date		
For office use only:					
For office use offig.					