

RAYTOWN
COMMUNITY EDUCATION

6608 Raytown Road
 Raytown, MO 64133
 816-268-7041 (P)
 816-268-7029 (F)

FOR OFFICE USE ONLY

Start Date		
Class		
Location		
Day	Hours	Weeks

RAYTOWN COMMUNITY EDUCATION INSTRUCTOR APPLICATION
PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS APPLICATION:

This application form is an important part of the employment process. Candidates for any position may be eliminated on the basis of comparative evaluation of applications. Please fill it out in ink as neatly and clearly as possible or visit our website to fill out online. Answer all questions to the best of your knowledge. You will be required to fill out a general Raytown Schools application. Further instruction will be provided. Please date and sign when completed. Thank you for your interest in the Raytown Community Education program.

Personal Information

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

General Information

Referral Source: _____

Have you ever been employed with the Raytown School District?

 NO YES If yes, provide years of service and position _____

Do you have any relatives or friends working for the Raytown School District?

 NO YES If yes, provide name and position _____

Have you ever taught in other Community Education programs?

 NO YES If yes, provide location and years taught _____

Have you ever provided instruction to adults?

NO YES If yes, please describe _____

What months would you be available?

JAN. FEB. MAR. APR. MAY. AUG. SEP. OCT. NOV. DEC.

If hired, can you furnish proof of employment eligibility in the United States under present immigration laws?

NO YES

Have you ever been convicted of a misdemeanor or felony (other than minor traffic violations)?

NO YES If yes, please explain _____

Have you ever had a complaint filed against you with the Division of Family Services for child abuse or neglect?

NO YES If yes, please explain _____

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District. I also hereby authorize the District to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the District and the reference source from any liability in connection with its release or use.

Date: _____ **Signature of Applicant:** _____

District Use Only

Application Received: _____ Course Discussed: _____

Comments/Directives: _____

Disposition: _____

It is the policy of the Raytown Consolidated School District #2 not to discriminate on the basis of race, color, creed, sex or disabilities in its education programs, activities or employment practices. Inquiries by applicants or employees regarding Raytown Consolidated School District's nondiscrimination policies should be directed to the Superintendent's Office at 6608 Raytown Road, Raytown, MO 64133.

Proposed Syllabus/Schedule

The Raytown C-2 School District and Raytown Community Education "Expect the Exceptional" in all areas of education and community involvement. Instructors of all levels and professions are expected to demonstrate their ability to provide instruction of exceptional quality. Please fill out this section as completely as possible. Failure to complete this section may result in disqualification for the position. If applying for more than one teaching position, please submit one copy for each proposed course.

Course Title: _____

Course Description: _____

Number of weeks _____ Number of days per week _____ Number of hours per class _____

Fill out the following table as completely as possible. You may attach additional information if necessary. Proposals for courses longer than eight weeks will be reviewed on the basis of comparative evaluation of similar applicants and/or similar courses in other community education programs.

Week	Lesson Description	Lesson Objective	Materials/Supplies
1			
2			
3			

4			
5			
6			
7			
8			

Please email to community.education@raytownschools.org
OR fax to 816-268-7029

Thank you for your interest in Raytown Community Education