

**NEW MADRID COUNTY
REORGANIZED SCHOOL DISTRICT NO. 1, ENLARGED**

310 U.S. Highway 61
New Madrid, MO 63869

Phone: (573) 688-2161
Fax: (573) 688-2169

Dr. Sam Duncan, Superintendent

TEACHER APPLICATION

Name _____ S.S.# _____ Date _____

Present Address _____ Phone _____

Other location where I may be reached _____ Phone _____

College Degrees _____ Date earned _____ ; _____ Date earned _____

Type of certificates _____

Subject or areas qualified for _____

Position applied for: (grade or subject in preference order) _____

SCHOOLS ATTENDED

Name of School	City	State	Years Attended	Degree
High School				
College or University				

Semester Undergraduate Hours _____ Semester Graduate Hours _____

Have you ever been convicted of a felony ? Yes No (circle one)

TEACHING EXPERIENCE

Employed By	City	State	Dates	Position / Subject Taught

Present Salary _____ Earliest convenient interview date _____

Check activities which you can direct successfully:

Plays Debate School Publications Orchestra Band Athletics Singing Groups School Yearbook

Other Activities _____

Clubs _____

Major Subject _____ Semester Hours _____

Minor Subject _____ Semester Hours _____

Practice Teaching completed: Yes No Date of completion _____

Practice Teaching assignment: School _____ Grade or Subject _____

Other pertinent information _____

REFERENCES

Name / Vocation	Address	Phone #
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1. _____

2. _____

3. _____

Signature of Applicant