



Instructor Application & Bio

Park Hill School District Community Education, 7703 NW Barry Road - Kansas City, MO, 64153

Phone: 816-359-4060 | Email: communityservices@parkhill.k12.mo.us

Please carefully read and answer all questions. In-Person interviews are required prior to consideration for employment.

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State, Zip: _____

Cell Phone: _____ Home Phone: _____

Primary Email: _____

Emergency Contact: _____ Phone: _____

Current Employer: _____ Title: _____

Indicate in the following sections the type(s) of class you are proposing:

Community Education Classes:

(ie: Fitness, Special interest, Arts)

Information such as: student age range,
semester preference, or class level:

Are you a United States Citizen?

Yes ☐ No ☐

(If no, type of visa) _____

Have you ever been convicted for any violation of the law other than a minor traffic offense?

Yes ☐ No ☐

(If yes, explain) _____

Have you ever been convicted for any offense for physical or sexual abuse of a child?

Yes ☐ No ☐

(If yes, explain) _____

Have you ever had a charge of child abuse against you that has been substantiated?

Yes ☐ No ☐

(If yes, explain) _____

The Park Hill School District does not discriminate on the basis of race, color, nationality, age, sex, or disability, in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning Park Hill's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Section 504 or the Rehabilitation Act of 1973, Section 504, or Title II of the Americans with Disabilities Act of 1990 (ADA), may contact the Assistant Superintendent for Human Resources of the Director of Special Services, at 7703 NW Barry Road, Kansas City, MO 64153, (816)359-4000

Education History

Name of School	City & State	Dates Attended (Month & Year)		Date of Graduation	Major/Minor
		From	To		

Teaching Experience

Years	Employer	Contact Phone or Email w/ Area Code	Subject/Grade/Title

Non-Teaching Work Experience

Years	Employer	Contact Phone or Email w/ Area Code	Subject/Grade/Title

Professional Organizations-Memberships

Name	City & State	Dates		Organization Type	Title

Professional Awards, Honors, Publications, Hobbies, Interests

References

Name	Title	Contact Phone or Email	Dates Associated with Work

Adult or youth groups you have worked with: _____

Why do you want to teach in the Park Hill School District Community Education Program? _____

Course Outlines should be attached. Please feel free to attach other documents such as resumes, biographies, or publications.

By affixing my signature, I affirm that all information set forth in this application is accurate, truthful, and complete. If I am employed by the Park Hill School District, I will abide by all Board of Education and school policies. I grant permission for school officials to obtain a personal record check from the federal, state, county, and/or local law enforcement agencies. I release individuals listed as references from any liability for any information given in response to a request for an employment reference.

Date: _____ SIGNATURE: _____

Course Description and Details

Please give a brief description of your proposed class and details.