

**PERSONNEL RECORDS**  
*(Certificated New Employee Information)*

Note: For office use only - this form is not to be used for pre-employment consideration.

**Individual's Information**

Hire status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Phone Unlisted?  Yes  No) (Address Unlisted?  Yes  No)

**Qualifications**

Valid Missouri Teaching Certificate?  Yes  No Expiration Date: \_\_\_\_\_  
Certificate Type: \_\_\_\_\_  
Subject Areas of Certification: \_\_\_\_\_  
Institution Graduated From: \_\_\_\_\_  
Degree: \_\_\_\_\_  
Total Years of Experience: \_\_\_\_\_ Tenured in Any Other School System?  Yes  No  
Worked Two (2) or More Years in Another School System?  Yes  No

**Contract/Position Information**

Board of Education Approval Date: \_\_\_\_\_  
Position: \_\_\_\_\_  
Grade/Subject: \_\_\_\_\_  
Department: \_\_\_\_\_  
Supervisor/Title: \_\_\_\_\_  
Building Assignment: \_\_\_\_\_  
Percent of Time in Each Building (if split): \_\_\_\_\_

**Payroll/Classification Information**

Position is:  Exempt  Non-Exempt  11 months  
Months Employed:  9 months  10 months  
 12 months  Other \_\_\_\_\_  
Contracted Position:  Yes  No  
If yes, length of contract: \_\_\_\_\_

FILE: GBL-AF1  
Critical

Position is:  Salaried  Hourly

Compensation Time Available?  Yes  No

Salary or Rate of Pay: \_\_\_\_\_

Special funding?  Yes  No

If yes, name source: \_\_\_\_\_

Extra Duty?  Yes  No

If yes, name position: \_\_\_\_\_

Benefits:  Health Insurance  Life Insurance  Disability

Leave (Number of Days \_\_\_\_\_)  Other \_\_\_\_\_

<b>Additional Hire Information</b>
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**Checklist Before Filing:**

- Provided Certificates and Transcripts
- Completed I-9
- Background Check Completed
- Reference Checks Completed
- Board Voted to Employ (Date: \_\_\_\_\_)
- Provided Handbook
- Provided School Calendar
- Provided Benefit Information
- Application Completed
- Discrimination/Harassment Training
- Signed *Drug-free Workplace Act Use Agreement*
- Signed *Computer Authorization Use Agreement*
- Educator Data Form* Completed

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Superintendent or Designee Signature

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Date

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*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: March 19, 2008

Revised:

Boonville R-I School District, Boonville, Missouri