



## The School District of Sarcoxie R-II

101 South 17<sup>th</sup> Street  
Sarcoxie, Missouri 64862



Mr. Dusty Feather  
Elementary Principal  
Ph. 417-548-3421  
Fax 417-548-6445

Dr. Kevin T. Goddard  
Superintendent of Schools  
Ph. 417-548-3134  
Fax 417-548-6165

Mr. Philip Lewis  
HS/MS Principal  
Ph. 417-548-2153  
Fax 417-548-7193

Mrs. Chawn McCann, Special Education Process Coordinator; Mrs. Ashlev Lambeth, Federal Programs Coordinator

Dear Applicant:

Thank you for your interest in applying for a teaching or administrative position with the Sarcoxie R-II School District. We ask that the following items be addressed as a part of the application process:

1. Complete the enclosed teacher or administrative application form.
2. Enclose a copy of your latest transcript(s) with the application. An official copy of your transcript(s) will be required if you are employed.
3. Enclose a copy of your Missouri certificate or verification of eligibility for a Missouri certificate.
4. Request your placement file be sent to us or enclose 4 or 5 recent letters of recommendation.
5. The form for child abuse and criminal record checks is enclosed. It must be completed and returned to us for submission to the Missouri Division of Family Services (no charge). The agency will then return the form to the district.
6. The district participates in E-Verify. Further documentation required upon employment.

Your application will become active once all of the above information has been received. Your application will remain active until one year from filing, at which time you must resubmit a new application. Please call the Superintendent's Office at (417) 548-3134 if you have any questions about the application process.

We have also enclosed our current salary schedule. Thank you again for your interest and we will be looking forward to receiving your application.

Sincerely,

Dr. Kevin T. Goddard  
Superintendent



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## APPLICATION FOR A CERTIFICATED POSITION

The School District considers applicants for all positions without regard to race, color, religion, sex, national origin or disability. If you have a disability or handicap which may require accommodation for you to participate in our application process (including filling out this form, interviewing or any other pre-employment procedure or requirement), please make us aware of any accommodation you feel is necessary. If you have any inquiries, complaints or concerns about any pre-employment procedure or requirement, including completing this application, or about the District policy of non-discrimination, you may contact Dr. Kevin T. Goddard, Superintendent at 417-548-3134.

All applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary. The District is required to participate in E-Verify.

Date \_\_\_\_\_

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
|-----------|------------|-------------|

Other names that may appear on your transcripts or records:

\_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Current Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Permanent Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Available \_\_\_\_\_

Certification: Type \_\_\_\_\_ (Life, PC1, Etc.) Other \_\_\_\_\_

State(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Expiration date(s) \_\_\_\_\_

Other information regarding your Certification and/or certification status: \_\_\_\_\_

\_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Subject(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Are you available for substitute teaching? \_\_\_\_\_ Paraprofessional? \_\_\_\_\_

Extra duty positions you may be interested in sponsoring or coaching:

\_\_\_\_\_

Educational Preparation:

|                           | NAME & LOCATION | DATES OF ATTENDANCE | NAME OF DEGREE | MAJOR | OVERALL GPA |
|---------------------------|-----------------|---------------------|----------------|-------|-------------|
| HIGH SCHOOL               |                 | N/A                 | N/A            | N/A   | N/A         |
| COLLEGES/<br>UNIVERSITIES |                 |                     |                |       |             |
|                           |                 |                     |                |       |             |
|                           |                 |                     |                |       |             |
|                           |                 |                     |                |       |             |
|                           |                 |                     |                |       |             |

Teaching Experience (If none, list student teaching experience):

| DISTRICT NAME & LOCATION | POSITION | DATES OF EMPLOYMENT | NUMBER OF YEARS | SUPERVISOR | PHONE |
|--------------------------|----------|---------------------|-----------------|------------|-------|
|                          |          |                     |                 |            |       |
|                          |          |                     |                 |            |       |
|                          |          |                     |                 |            |       |
|                          |          |                     |                 |            |       |
|                          |          |                     |                 |            |       |

Other Work Experience:

| EMPLOYER NAME & LOCATION | POSITION | DATES OF EMPLOYMENT | NUMBER OF YEARS | SUPERVISOR | PHONE |
|--------------------------|----------|---------------------|-----------------|------------|-------|
|                          |          |                     |                 |            |       |
|                          |          |                     |                 |            |       |
|                          |          |                     |                 |            |       |
|                          |          |                     |                 |            |       |
|                          |          |                     |                 |            |       |

References:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Employment Questions:

1. Have you ever been arrested for, or charged with or convicted of a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00) \_\_\_\_\_
2. Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00) \_\_\_\_\_
3. Has the Missouri Division of Family Services or a similar agency in any other state or jurisdiction, ever issued a determination or finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological or sexual abuse or neglect of a child? \_\_\_\_\_
4. Have you ever failed to be re-employed by an educational institution? \_\_\_\_\_

If the answer to any of the foregoing questions is "yes" please explain; use a separate sheet if necessary:

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**READ CAREFULLY BEFORE SIGNING**

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

1. I hereby authorize my current and former employers and references to furnish any information about me and about my work experience. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release.
2. I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.
3. I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.
4. I understand that this application will be considered active through April 30<sup>th</sup>. I understand that if I wish my candidacy to remain open after that date I must submit another application.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\*\*\*\*\*

Do Not Write Below This Line - For Administrative Use Only

Date received: Application \_\_\_\_\_ Credentials \_\_\_\_\_ Transcripts \_\_\_\_\_

Date interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Date and time: Applicant notified \_\_\_\_\_

Date and time: Applicant accepted \_\_\_\_\_

Position offered: \_\_\_\_\_

Salary step and level: \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

|                                  |  |                         |             |                |                           |                   |
|----------------------------------|--|-------------------------|-------------|----------------|---------------------------|-------------------|
| Last Name (Family Name)          |  | First Name (Given Name) |             | Middle Initial | Other Names Used (if any) |                   |
| Address (Street Number and Name) |  |                         | Apt. Number | City or Town   |                           | State<br>Zip Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>[ ] - [ ] - [ ] | E-mail Address          |             |                | Telephone Number          |                   |

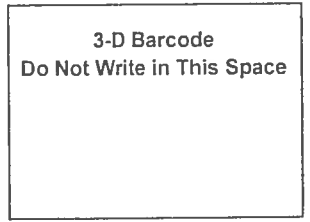
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

|                        |                    |
|------------------------|--------------------|
| Signature of Employee: | Date (mm/dd/yyyy): |
|------------------------|--------------------|

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|                                      |  |                         |                   |
|--------------------------------------|--|-------------------------|-------------------|
| Signature of Preparer or Translator: |  | Date (mm/dd/yyyy):      |                   |
| Last Name (Family Name)              |  | First Name (Given Name) |                   |
| Address (Street Number and Name)     |  | City or Town            | State<br>Zip Code |



**Employer Completes Next Page**



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>Employment Authorization    |
|---|----|---------------------------------------|-----|---------------------------------------|
| Document Title:                                 |    | Document Title:                       |     | Document Title:                       |
| Issuing Authority:                              |    | Issuing Authority:                    |     | Issuing Authority:                    |
| Document Number:                                |    | Document Number:                      |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy): |     | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title:                                 |    |                                       |     |                                       |
| Issuing Authority:                              |    |                                       |     |                                       |
| Document Number:                                |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                       |     |                                       |
| Document Title:                                 |    |                                       |     |                                       |
| Issuing Authority:                              |    |                                       |     |                                       |
| Document Number:                                |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                       |     |                                       |

3-D Barcode  
Do Not Write in This Space

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

|   |  |                          |   |                   |
|---|--|--------------------------|---|-------------------|
| Signature of Employer or Authorized Representative                                    |  | Date (mm/dd/yyyy)        | Title of Employer or Authorized Representative                            |                   |
| Last Name (Family Name)   |  | First Name (Given Name)  | Employer's Business or Organization Name<br>SARCOXIE R-II SCHOOL DISTRICT |                   |
| Employer's Business or Organization Address (Street Number and Name)<br>101 S 17TH ST |  | City or Town<br>SARCOXIE | State<br>MO   | Zip Code<br>64862 |

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

|                 |                  |                                       |
|-----------------|------------------|---------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
|-----------------|------------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|   |                    |  |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|



## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | OR | LIST B<br>Documents that Establish<br>Identity   | AND | LIST C<br>Documents that Establish<br>Employment Authorization   |
|--|----|--|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Missouri State Highway Patrol / Missouri Department of Social Services  
**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

|  |  |
|--|--|
| TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions<br><input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge<br><input type="checkbox"/> (2) Name Search - (\$11.00) and CD Central Registry Child Abuse Search<br><input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search<br><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)<br><input type="checkbox"/> \$20.00 (All other request) | TYPE OF DAYCARE PROVIDER<br><input type="checkbox"/> (1) License<br><input type="checkbox"/> (2) License Exempt<br><input type="checkbox"/> (3) Registered |
|--|--|

**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr. Sr., III)

|             |                          |                |     |      |
|-------------|--------------------------|----------------|-----|------|
| MAIDEN NAME | DATE OF BIRTH (MM/DD/YY) | STATE OF BIRTH | SEX | RACE |
|-------------|--------------------------|----------------|-----|------|

|               |                        |                                   |
|---------------|------------------------|-----------------------------------|
| ALIAS NAME(S) | SOCIAL SECURITY NUMBER | DRIVER'S LICENSE NUMBER / STATE / |
|---------------|------------------------|-----------------------------------|

ADDRESSES FOR PAST 5 YEARS

| STREET | CITY | STATE | STREET | CITY | STATE |
|--------|------|-------|--------|------|-------|
|        |      |       |        |      |       |
|        |      |       |        |      |       |

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?  
 YES (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

| DATE | CITY | STATE | COUNTY | CIRCUMSTANCES (Identify charges, attach separate page, if necessary.) |
|------|------|-------|--------|---|
|      |      |       |        |   |
|      |      |       |        |   |

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?  
 YES (Complete section below)     NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

| DATE | CITY | STATE | COUNTY | CIRCUMSTANCES (Attach separate page, if necessary.) |
|------|------|-------|--------|---|
|      |      |       |        |   |
|      |      |       |        |   |

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

|  |      |
|--|------|
| SIGNATURE OF APPLICANT (REQUIRED IN INK) | DATE |
|--|------|

|  |      |
|--|------|
| SIGNATURE OF REQUESTOR (Required in ink) | DATE |
|--|------|

|                              |           |
|------------------------------|-----------|
| TITLE OF CHILD CARE PROVIDER | TELEPHONE |
|------------------------------|-----------|

|              |   |
|--------------|---|
| STATE AGENCY | STATE VENDOR OR CONTACT NO. (If applicable) |
|--------------|---|

CHECK APPROPRIATE BOX

|  |  |   |
|--|--|---|
| <input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT | <input type="checkbox"/> DOH / CCB CHILD CARE BUREAU | <input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE |
| <input type="checkbox"/> CHILD CARE RELATED VOLUNTEER  | <input type="checkbox"/> DMH / DMH VENDOR            | <input type="checkbox"/> CD CONTRACT PROVIDER         |
| <input type="checkbox"/> CD LICENSURE                  | <input type="checkbox"/> HEALTH CARE                 | <input type="checkbox"/> OTHER _____                  |

|  |             |           |         |                       |   |
|--|-------------|-----------|---------|-----------------------|---|
| COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)<br>Complete your mailing label below<br>Confidential Mail<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">AGENCY NAME</td></tr> <tr><td style="padding: 2px;">ATTENTION</td></tr> <tr><td style="padding: 2px;">ADDRESS</td></tr> <tr><td style="padding: 2px;">CITY, STATE, ZIP CODE</td></tr> </table> | AGENCY NAME | ATTENTION | ADDRESS | CITY, STATE, ZIP CODE | SEND FEE & FORM TO:<br><br>Missouri State Highway Patrol<br>Criminal Justice Information Services Division<br>P.O. Box 9500<br>Jefferson city, MO 65102 |
| AGENCY NAME  |             |           |         |                       |   |
| ATTENTION  |             |           |         |                       |   |
| ADDRESS  |             |           |         |                       |   |
| CITY, STATE, ZIP CODE  |             |           |         |                       |   |

## **FBI/Highway Patrol Background Check Procedures**

### Scheduling an Appointment (Missouri residents)

To be fingerprinted for the Department of Elementary and Secondary Education through 3M/Cogent, you must first register with MACHS, which is located at [www.machs.mo.gov](http://www.machs.mo.gov). Individuals without access to the Internet may contact the fingerprint processing company, 3M/Cogent, directly at **1-877-862-2425** to have a Fingerprint Services Representative conduct this registration on their behalf. To register with the Missouri Automated Criminal History Site (MACHS) for a fingerprint, you must have a 4-digit registration code. This code ties all agency-identifying information together to ensure that your background check response is returned to the correct agency. **Below are the codes to use for Sarcoxie R-11 School:**

- **1048 Certified Teachers**
- **1049 Substitutes**
- **1050 Uncertified employees (i.e. custodians, secretaries)**
- **1051 Bus Drivers**

### Fingerprinting Fee

The fee for the fingerprinting process is **\$44.80**. You will have the option to make this payment online at the time of registration or at your appointment.

### Scheduling an Appointment (Non-Missouri residents)

If you live outside the state of Missouri and cannot make an appointment for fingerprinting in Missouri, you may mail fingerprint cards directly to 3M/COGENT. You will need to contact the fingerprint processing company, 3M/Cogent, at 1-877-862-2425 to make sure all information is recorded on the FBI fingerprint cards correctly before mailing them. The fee for this process is \$44.80. A check or money order must be made payable to 3M/Cogent.

### Fingerprint Results

If you are an educator, substitute teacher, or student teacher, your fingerprint information will be recorded automatically on your profile page in the online Educator Certification System. If you are an uncertified staff member or a bus driver, your results will be forwarded to the school district based upon the registration code you provided. Results of fingerprints are generally reported to the Educator Certification within 2-3 weeks from the date of appointment.

Additional information about the fingerprinting process may be viewed at the following website:

<http://dese.mo.gov/eg/cert/eg-cert-fingerprint-background.htm>

<http://dese.mo.gov/forms/documents/ApplicantsPrivacyRights.pdf>