



**BONCL R-X SCHOOL DISTRICT ~ Excellence in Education Since 1949**

*Dr. Cassie Huckstep-Spangler, Superintendent*

23526 Pike 9247, Louisiana, Missouri 63353 | [www.BONCLBlueJays.com](http://www.BONCLBlueJays.com)

Phone: (573)754-5412 | Fax: (573)754-7981

Our Mission: To provide a firm foundation to maximize the potential of every student, every day.

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## **SUBSTITUTE TEACHER APPLICATION PACKET**

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Dear Applicant,

Thank you for your interest in applying to be a Substitute Teacher with the BONCL R-X School District. Please prepare the following items for a complete file for this position.

- Complete and return the enclosed Application for Substitute Teacher.
- Attach a copy of your Substitute Teacher Certificate.
  - *The State of Missouri requires all teachers to have a certificate. If you need to apply for Substitute Teacher certification, instructions to apply online can be found at: <https://dese.mo.gov/educator-quality/certification/substitute-teachers>*
- Complete your FBI/Highway Patrol Background Check and have results sent to the Missouri Department of Elementary and Secondary Education
  - *Note: See instructions included in the Substitute Teacher Application Packet. Below are the specific registration codes for the BONCL R-X School District:*
    - 1612 – Certified Teachers*
    - 1613 – Substitute Teachers (\*Be sure to use this 4-digit code when registering for your FBI/Highway Patrol Background Check.)*
    - 1614 – Noncertified Employees*
    - 1615 – Bus Drivers*
- Complete and return the Request for Child Abuse or Neglect/Criminal Record form with your completed application which will be submitted to the Missouri State Highway Patrol by the BONCL R-X School District.

Once your file is complete, you will be placed on the list of substitutes for approval by the BONCL Board of Education at the next regularly scheduled board meeting.

Thank you again for your interest in the substitute teaching with the BONCL R-X School District and we look forward to receiving your application.

Sincerely,

*Dr. Cassie Huckstep-Spangler, Superintendent*

Enclosures



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## APPLICATION FOR SUBSTITUTE TEACHER

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

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

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

Current Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Grades/Classes you would prefer to substitute for: \_\_\_\_\_

Have you ever been asked to resign or failed to be re-employed?

No  Yes If yes, indicate where and state reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with, convicted or entered a plea, including a plea of no contest, to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations?  No  Yes If yes, fully explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in the State of Missouri or in any state?  No  Yes



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I hereby certify that the information provided, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. 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, child abuse, child neglect, previous employers and educational institutions, personal references, professional references, and other appropriate sources. A Request for Child Abuse or Neglect/Criminal Records Form will be submitted to the Division of Social Services and the Missouri State Highway Patrol as part of the employment process. Employment is considered temporary until satisfactory results are received from the appropriate agencies. I waive my right of access to any such information and without limitation hereby release the School District and the reference source from any liability in connection with its release or use.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF NONDISCRIMINATION**

The BONCL R-X School District does not discriminate on the basis of race, color, national origin, gender, age, or disability. This policy pertains to admission/access to, or treatment/employment in its programs and activities. This notice is made to applicants for admission and employment, students, parents of elementary and secondary students, employees, sources of referral of applications for admission and employment, and unions or professional organizations holding collective bargaining or professional agreements.



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## CONFIDENTIALITY AND BOARD POLICY COMPLIANCE AGREEMENT

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I acknowledge that while serving as a **Substitute Teacher** I may observe and/or have access to confidential records and other confidential information regarding students, parents, staff, volunteers, and others. I understand that certain records, events, and other information are confidential as a matter of law, and that other records, events, and information legally may be designated as confidential by the school district.

I agree that I will not disclose any confidential records, observations, discussions, deliberations, information, or commentary pertaining to students, parents, staff, volunteers, or other to any unauthorized person. I agree to hold all information, whether oral or written, concerning all students and their families as well as any other information designated as private and not subject to disclosure by the district, as confidential and privileged by law. I agree not to disclose such information without proper authorization, in accordance with state and federal law, as well as Board Policy, regulations and procedure and administrative directives, including but not limited to, the Missouri Safe Schools Act; the Missouri Open Meetings Act, Mo. Rev. Stat § 610.011, RSMo; the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99); Section 504 of the Rehabilitation act of 1973, 29 U.S. Code § 794, the Individual with Disabilities Education Act, 20 u.s.c. § 1400(d)(1)(a) (IDEA); the Americans with Disabilities Act, 42 U.S.C. 12101 et seq.; and interagency agreements. I understand that release of information in oral or written form to any unauthorized person is prohibited and may be grounds for legal and/or disciplinary action in accordance with the law and the standards of conduct applicable to my profession.

I also understand and agree that as a **Substitute Teacher** I am subject to and agree to comply with all policies, rules, regulations, and procedures (collectively “policies”) applicable to my position, conduct, and performance, as adopted by the Board, and as directed by the administration, as such policies currently exist or may hereafter be modified. I acknowledge access to all performance standards, duties, requirements, policies, rules, regulations, and procedures of the District.

I also understand that breach of the Agreement and/or any other duty of confidentiality under law, policy, regulation, or standards of professional conduct applicable to my profession may result in my immediate removal from the District.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant (please print): \_\_\_\_\_



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**\*\*\*CONFIDENTIAL\*\*\***

**2022-2023 EMPLOYEE INFORMATION**

*It is important to have complete and accurate emergency contact information on file in case of medical emergency. Please complete this form and return it with your Substitute Teacher Application Packet. Thank you!*

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

*Please provide contact information for two (2) emergency contacts.  
If married, the first person contacted will be your spouse.*

Spouse's Name: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Spouse's Contact Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies (drug allergies, food allergies, or allergies to other substances):  
\_\_\_\_\_

## FBI/Highway Patrol Background Check Procedures

### Registration Process and Procedures - Missouri Residents

All applicants must pre-register at the Missouri Automated Criminal History Site (MACHS) [www.machs.mo.gov](http://www.machs.mo.gov) for a fingerprint-based background check. The background check is performed by both the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigation (FBI). After pre-registration, all Missouri-based applicants must visit one of the IdentoGo<sup>®</sup> office locations for fingerprinting (see the “Search For Fingerprint Locations Near You” link at [www.machs.mo.gov](http://www.machs.mo.gov)).

A four-digit registration code is required to ensure that the results of the background check are returned to the correct organization for processing. Please see the following charts for the appropriate registration codes.

<b>If You are Already Employed by a Missouri School District or If You Know Which District Will Be Employing You</b>	
<b>Your Occupation</b>	<b>Use this Registration Code</b>
Administrator, Principal, Teacher, Substitute Teacher, Paraprofessional	Contact your Employing School District for the appropriate registration code.
School Counselor, School Psychological Examiner, School Psychologist, Speech Language Pathologist	
Secretary, School Nurse, Custodian, Lunch Room Worker, Volunteer, etc.	
School Bus Driver	

If you are employed by more than one school district, choose only one district's registration code number to initiate your fingerprint-based background check. All Missouri public school districts are able to share fingerprint results with each other (based on district policy). Please note that shared fingerprint results must be less than one year old to be accepted as valid.

<b>If You are NOT Already Employed by a Missouri School District</b>	
<b>Your Occupation</b>	<b>Use this Registration Code*</b>
Administrator, Principal, Teacher	2300
Substitute Teacher	2301
School Counselor, School Psychological Examiner, School Psychologist, Speech Language Pathologist	2300

*\*The information generated by these codes cannot be accessed by school districts. An additional background check may be required for employment purposes.*

## **Registration Process and Procedures - Non-Missouri Residents**

Applicants located outside the state of Missouri are also required to pre-register (see above) at the MACHS website ([www.machs.mo.gov](http://www.machs.mo.gov)) to initiate their fingerprint-based background checks. After pre-registration, these applicants must mail their completed fingerprint cards to IdentoGo® for processing. For detailed directions, please access the IdentoGo® website at: <https://dese.mo.gov/media/pdf/oeq-conductinvestigations-identogoupdateaddress>

If you have any questions about the registration process or fingerprinting procedures outside of Missouri, please contact IdentoGo® customer service at 844-543-9712 or the Missouri State Highway Patrol's Criminal Justice Information Services Division (CJIS) at 573-526-6312.

## **Internet Access and Fingerprinting Site Locations**

Applicants who do not have internet access may contact IdentoGo® at 844-543-9712 to initiate and complete the registration process. Please note: a four-digit registration code (see codes above) is required to initiate and complete the online registration process. All Missouri IdentoGo® fingerprint locations are listed at the MACHS website's "Search for Fingerprint Locations Near You" link ([www.machs.mo.gov](http://www.machs.mo.gov)).

## **Processing Fees**

The processing fee for both Missouri and Non-Missouri residents is \$41.75. Missouri residents will complete payments on site during the fingerprinting process. Non-Missouri residents will complete payments online during the pre-registration process. For additional information about fees, please visit [www.machs.mo.gov](http://www.machs.mo.gov).

## **Fingerprint/Background Check Results**

Fingerprint/Background check information for educators and substitute teachers will be recorded on their profile page at the Missouri Department of Elementary and Secondary Education (DESE), [Educator Certification System](#) website. The reported results will be made available to the designated school district, based upon the registration code provided during the pre-registration process.

The results for non-certified staff members and bus drivers will not be available on the DESE *Educator Certification System* website and cannot be used for certification purposes. These results will only be available to the designated school district, based upon the registration code provided during the pre-registration process.

## **Important Notice from the Missouri State Highway Patrol Concerning Your Fingerprint-Based Background Check**

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you are hereby notified that by providing your fingerprints to the Missouri State Highway Patrol or IdentoGo<sup>®</sup>, the Missouri Fingerprint Services vendor, you agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files.
- Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice should be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or by email at [machs@mshp.dps.mo.gov](mailto:machs@mshp.dps.mo.gov).

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$14.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$20.00	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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**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 <b>BONCL R-X School District</b>	TELEPHONE <b>(573) 754-5412</b>
STATE AGENCY <b>Public School</b>	STATE VENDOR OR CONTACT NO. (If applicable) <b>573-754-5412</b>

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input checked="" 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 _____

<p align="center"><b>COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)</b>                  Complete your mailing label below                  Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AGENCY NAME BONCL R-X School District</td> </tr> <tr> <td>ATTENTION Dr. Cassie Huckstep-Spangler</td> </tr> <tr> <td>ADDRESS 23526 Pike 9247</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Louisiana, Missouri 63353</td> </tr> </table>	AGENCY NAME BONCL R-X School District	ATTENTION Dr. Cassie Huckstep-Spangler	ADDRESS 23526 Pike 9247	CITY, STATE, ZIP CODE Louisiana, Missouri 63353	<p><b>SEND FEE &amp; FORM TO:</b>                   Missouri State Highway Patrol                  Criminal Justice Information Services Division                  P.O. Box 9500                  Jefferson city, MO 65102</p>
AGENCY NAME BONCL R-X School District					
ATTENTION Dr. Cassie Huckstep-Spangler					
ADDRESS 23526 Pike 9247					
CITY, STATE, ZIP CODE Louisiana, Missouri 63353					