

Ishpeming School District No. 1
Application for Employment

Administrative/Certified/Licensed Positions

GENERAL

Date: _____ Social Security Number: _____

Name: _____
Last First Middle

Address: _____ Telephone: _____
Street City State Zip

Are you legally entitled to work in the United States? Yes _____ No _____

JOB INTEREST

State clearly the position for which application is being made:

Full Time _____ Part Time _____ Temporary _____

What salary range would you consider appropriate? _____

How did you learn of this vacancy? _____

If you are currently employed, may we contact your current employer? Yes _____ No _____

May we contact you at your business phone? Yes _____ No _____ Number to call: _____

If currently under contract, date expires: _____ Date available for work: _____

EDUCATION List all institutions attended – most recent first

Provide complete transcript of college credits to personnel office.

<u>Name of Institution</u>	<u>Degree</u>	<u>Date of Degree</u>	<u>Date of Specialty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION AND LICENSING

Provide proof of certification, licensing, endorsement, permit, approval, or other evidence of qualifications to hold position, or of eligibility, to personnel office.

<u>Subjects or Areas you are certified and licensed to teach in Michigan</u>	<u>Certificates and Licenses Held</u>	<u>Date Issued</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SKILLS AND ABILITIES

List any professional skills, abilities or training that are pertinent to the position for which you are applying.

<u>Skills</u>	<u>Length and Kind of Training</u>	<u>Years of Experience</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other relevant abilities or experience (such as art or music, extra-curricular activities you participated in during college, experience working with youth of school age, athletic activities, coaching activities, etc.) Include location and date.

PERSONAL HISTORY

Are there any pending felony charges against you? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

Pending felony charges or conviction of a crime will not necessarily prohibit employment but may be considered in relation to certain job requirements. Fingerprinting, and criminal history checks, will be required by the District.)

Have you missed more than five scheduled work days in any of the last five years? Yes _____ No _____

Have you ever been disciplined or discharged for absenteeism, tardiness, failure to notify your company when absent or any other attendance related reasons? Yes _____ No _____

Have you ever been disciplined or discharged for theft, unauthorized removal of company property or related offenses? Yes _____ No _____

Have you ever been disciplined or discharged for being under the influence of alcohol or drugs or for possession, use or abuse of alcohol or drugs? Yes _____ No _____

Have you ever been disciplined or discharged for insubordination? Yes _____ No _____

Have you ever been disciplined or discharged for violating a safety rule(s)? Yes _____ No _____

If you answered yes to any of the proceeding questions, please explain: _____

MILITARY RECORD

Have you ever served in any United States military service? Yes _____ No _____

If yes, indicate period: From _____ To _____ Branch: _____

Type of discharge: _____ Rank or Rating: _____

Special training received: _____

EMPLOYMENT HISTORY *List all previous employers – most recent first*

Include all positions with each employer. Use remarks section on next page or add additional page if more space is required. Attach resume if available.

Dates		Employer	Responsibilities
Mo.	Year		
From		Name	Title of position
To		Address (include city & state)	Duties (including supervision)
		Type of business	
		Supervisor's name	
Reason for leaving			Final Salary

From		Name	Title of position
To		Address (include city & state)	Duties (including supervision)
		Type of business	
		Supervisor's name	
Reason for leaving			Final Salary

From		Name	Title of position
To		Address (include city & state)	Duties (including supervision)
		Type of business	
		Supervisor's name	
Reason for leaving			Final Salary

REFERENCES

Include individual's name, address, telephone number, occupation and years known. Do not use relatives.

REMARKS

Other remarks that will support you candidacy: _____

ADVISORY

In accordance with Public Act 96 of the Public Acts of 1995, it is a criminal misdemeanor to use a suspended, surrendered, revoked, nullified, fraudulently obtained, altered or forged teaching certificate, school administrator certificates, other State Board of Education approval, or a certificate or approval of another person for the purpose of obtaining employment.

POLICY STATEMENT

DRUG-FREE WORKPLACE ACT

The Ishpeming School District, in compliance with the Drug-Free Workplace Act of 1988, as amended, certifies that we will maintain a drug-free workplace by prohibiting that unlawful manufacture, distribution, dispensing, possession or use of any controlled substance by any employee in the workplace and will enforce strict sanctions, up to and including discharge, for any violation of this policy.

IMMIGRATION REFORM AND CONTROL ACT

The Ishpeming School District is required by law to verify all new employees' eligibility for employment in the United States. A new employee must provide the school with documentation of his/her authorization to work and proper identification within the first three days of employment. Employment will be terminated if appropriate documentation is not submitted. A list of acceptable documents is available in the Personnel Office, 319 East Division Street, Ishpeming, Michigan 49849.

AA/EEO STATEMENT

The filing of this application does not imply that the applicant will eventually be employed. The applicant will be considered when a vacancy for which he or she is qualified occurs in competition with other applicants. All applicants will be given equal opportunity without unlawful regard to race, color, religion, natural origin, sex, age, martial, dependent or veteran status, physical or mental disability, height, weight or any other legally protected status. The Ishpeming School District is an Affirmative Action/Equal Opportunity Employer.

ACKNOWLEDGEMENT AND CERTIFICATION

I acknowledge that consideration for employment is contingent upon the results of a reference and background check and, if I am offered employment, that my employment is conditional until the results of any required criminal records checks and/or post-offer physicals are known. I hereby consent to required fingerprinting and criminal records checks, and should I be offered employment, to required post-offer physicals, including drug screening. I authorize you to investigate the truthfulness of all statements in this application or in connection with any post-offer physicals, to contact former employers and other listed references or any other persons who can verify information, and to discuss the results of any investigation with the employees of the District involved in the hiring process. I give my consent for all contacted persons to provide any information concerning this application, including any post-offer physicals, and authorize the release of information concerning disciplinary action without any obligation to give me written notice of such disclosure. I agree to execute any lawful releases, consents and waivers required by you. I hereby release you and any other person from any liability whatsoever as a result of such inquires and disclosures.

I understand that if I have a disability, and need accommodation in any step of the hiring process, or to assist me in any demonstration (required by all applicants for the job) of qualifications to perform the duties of the job for which I am applying, I should inform the personnel office. Failure to notify the District may preclude any claim that the District failed to reasonably accommodate my disability.

Any misrepresentation in this application or other information submitted by me, any refusal by me to sign lawfully required releases, consents or waivers, and any failure by me to properly complete any lawfully required forms (I-9, W-4, etc.) may result in cancellation of this application for employment and/or separation from the District's employ, if I have been employed.

I certify that I have read and understand the above stated polices and that I will, if I accept employment with the Ishpeming School District, comply with these and all other school policies, rules and regulations. Unless otherwise provided in writing, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the District or myself. I understand that no representative of the District, except by written authority of the President of the Ishpeming School District Board, has authority to enter into any agreement of any specified time or to make any agreement contrary to the foregoing.

I CERTIFY THAT I HAVE READ THIS ENTIRE APPLICATION AND ALL OTHER INFORMATION PROVIDED BY ME AND THAT ALL INFORMATION IS TRUE AND CORRECT.

Signature of Applicant

Date

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

This application will be kept on active file for one year.