ISHPEMING SCHOOL DISTRICT NO. 1

319 E. Division Street
Ishpeming, MI 49849
(906) 485-5501

Application for Employment
NON-Certified / Licensed Position

GENERAL

Date: _____

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 _____

Would you: Work Nights? _____ Weekends? _____ Holidays? _____

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: _____

Date available for work? _____

EDUCATION

Type of School	Name and Location of School	Graduated	Degree	Courses Specialized In
High School		Yes / No (Circle One)		
College		Year		
Trade School		Year		
Other		Year		

LICENSING AND CERTIFICATION

List any applicable license or certificates. Proof of licensing or certification may be required by the District.

_____

_____

_____

DRIVER / CDL

If applying for a position that requires driving, do you have a valid driver's license? Yes _____ No _____

CDL? Yes _____ No _____ State:_____ License Number: _____

SKILLS AND ABILITIES

List any professional, trade, office, technical, or other skills and abilities possessed by you (i.e., typing, shorthand, office machines, keypunch, electrical, mechanical, custodial, cooking, etc.)

Skills	Length and Kind of Training	Years of Experience

List other relevant experiences (such as working with youth of school age, etc.)

_____

_____

_____

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, may be required by the District.)

Have you missed more than five scheduled work days in any one 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 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 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 previous employers -- Most recent first

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

Dates Month Year	Employer	Responsibilities
From	Name	Title of Position
To	Address (include city & state)	Duties (including supervision)
	Type of business	
	Supervisor's Name	Final Salary
Reason for Leaving		

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

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

REFERENCES

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

REMARKS

Other remarks that will support your candidacy:

POLICY STATEMENTS

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 the 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 E. 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 for race, color, religion, national origin, sex, age, marital, 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 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 inquiries 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 of 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 policies and that I will, if I accept employment with the Ishpeming School District, compy 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 specific 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.