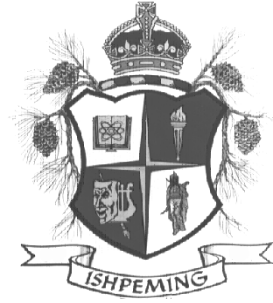


**ISHPEMING SCHOOL DISTRICT NO. 1**

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		Employer	Responsibilities
Month	Year		
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 _____			



**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, 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 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.