Ishpeming School District No. 1 Application for Employment

Administrative/Certified/Licensed Positions



GENERAL

Date:		<u></u>		ISHPEMING
Name:Last	First		Middle	
	Filst		Middle	
Address: Street	City	State	Zip	Telephone:
E-Mail:				
			No	-
Are you legally entitled to wo	ork in the United States?	Yes	_	
JOB INTEREST				
State clearly the position for	which application is being	g made:		
Full Time	Part Time		Temporary	<u> </u>
What salary range would you	u consider appropriate?			
How did you learn of this vac	cancy?			
If you are currently employed	d, may we contact your cu	urrent employer?	? Yes	No
May we contact you at your I	ousiness phone?	Yes	No	Number to call:
If currently under contract, da	ate expires:		Date available	for work:
EDUCATION List all institu	tions attended – most rec	ent first		
Provide complete transcript of	of college credits to perso	nnel office.		
Name of Institution	<u>Degree</u>		<u>Date of Degree</u>	Date of Specialty
CERTIFICATION AND LICE	<u>INSING</u>			
Provide proof of certificat position, or of eligibility, to		ment, permit,	approval, or othe	r evidence of qualifications to hol
Subjects or Areas you a and licensed to teach in		Certificates a	nd Licenses Held	Date Issued

SKILLS AND ABILITIES

List any professional skills, abilities or training that a Skills	re pertinent to the position for which you are applying. Length and Kind of Training	Years of Experience
SKIIS	Length and Kind of Halling	Teals of Experience
	as art or music, extra-curricular activities you participa c activities, coaching activities, etc.) Include location a	
PERSONAL HISTORY		
Are there any pending felony charges against you?	Yes No	
Have you ever been convicted of a crime? Yes _	No	
	ne will not necessarily prohibit employment but r nting, and criminal history checks, will be require	
Have you missed more than five scheduled work day	ys in any of the last five years? YesNo	
Have you ever been disciplined or discharged absent or any other attendance related reason	for absenteeism, tardiness, failure to notify your s? Yes No	company when
Have you ever been disciplined or discharged offenses? Yes No	for theft, unauthorized removal of company prop	erty or related
Have you ever been disciplined or discharged use or abuse of alcohol or drugs? Yes	for being under the influence of alcohol or drugs No	or for possession,
Have you ever been disciplined or discharged for ins	subordination? Yes No	
Have you ever been disciplined or discharged for vio	plating a safety rule(s)? Yes No	
If you answered yes to any of the proceeding question	ons, please explain:	
MILITARY RECORD		
Have you ever served in any United States military s	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		
Mo. Year	<u>Employer</u>	Responsibilities
From	Name	Title of position
То	Address (include city & state)	Duties (including supervision)
	Type of business	
	Supervisor's name	
Reason for leaving		Final Salary
From	Name	Title of position
То	Address (include city & state)	Duties (including supervision)
	Type of business	
	Supervisor's name	
Reason for leaving		Final Salary
From	Name	Title of position
То	Address (include city & state)	Duties (including supervision)
	Type of business	
	Supervisor's name	
Reason for leaving		Final Salary

Include individual's name, address, telephone number, occupation and years known. Do not use relatives.
include individual 3 name, address, telephone number, occupation and years known. Do not use relatives.
<u>REMARKS</u>
Other remarks that will support you candidacy:

ADVISORY

DEFEDENCES

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

The Ishpeming Public School District Board of Education does not discriminate on the basis of race, color, religion, national origin, sex, disability, age, height, weight, marital status, genetic information, or any other legally protected characteristic, in its programs and activities, including employment opportunities.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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