

PINCONNING AREA SCHOOLS
APPLICATION FOR EMPLOYMENT

Certified Position

THE FOLLOWING INFORMATION IS REQUESTED IN ORDER TO HELP US MAKE THE BEST POSSIBLE PLACEMENT WITHIN PINCONNING AREA SCHOOLS. WE APPRECIATE THE TIME YOU SPEND IN FILLING IN THIS APPLICATION FORM. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

PINCONNING AREA SCHOOLS, IN ACCORDANCE WITH STATE AND FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, HEIGHT, WEIGHT, NATIONAL ORIGIN, FAMILY STATUS, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

**APPLICATION MUST BE FILLED OUT COMPLETELY
(PLEASE PRINT CLEARLY)**

Name: _____
(Last) (First) (Middle)

Name under which credentials are filed: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip Code)

Home Telephone Number: (____) _____ Alternate Telephone Number: (____) _____

Person to be notified in case of emergency:

Are you under 18 years of Age? _____
Yes No

Name: _____

Address: _____

Telephone Number: (____) _____

Have you ever filed an application with or previously been employed with Pinconning Area Schools? _____
Yes No

Are you a citizen of the U.S.? _____
Yes No

If so, When and Where? _____

If no, do you have a permit which allows you to work in the U.S.? _____
Yes No

(Proof of U.S. Citizenship or Immigration status will be required upon employment.)

Position Desired (Check Position(s) for which you are applying):

_____ Teacher, Elementary (Grade Level Preference)	(1) _____	(2) _____	(3) _____
_____ Teacher, Secondary (Subject Preference)	(1) _____	(2) _____	(3) _____
_____ Teacher, Spec. Education (Areas of Specialization)	(1) _____	(2) _____	(3) _____
_____ Teacher, Other Areas of Specialization	(1) _____	(2) _____	(3) _____

Certification(s):

Type of Certification: _____ Date Issued: _____ Expires: _____
Type of Certification: _____ Date Issued: _____ Expires: _____
Type of Certification: _____ Date Issued: _____ Expires: _____

List Activities you can coach or direct successfully:

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

If there are any felony charges pending against you,
please explain when, where and the nature of the charge:

If yes, please describe when, where and what is the
nature of the offense: _____

Were you in the armed forces? _____
Yes No

Describe any job related military training: _____

If yes, what branch? _____

Rank at discharge: _____

RECORD OF EDUCATION

HIGH SCHOOL or PREP SCHOOL
(Name and Location)

Major Subject

No. Of Years

Degree

UNIVERSITY or COLLEGE

GRADUATE SCHOOL

OTHER - Including Military Service
Trade or Business Schools

**RECORD OF PROFESSIONAL EXPERIENCE
(LIST PLACES IN ORDER STARTING WITH PRESENT EMPLOYER FIRST)**

Employment Dates	Name and Address of Employer	Position or Title	Supervisor's Name	Salary Received	Reason for Separation	From Mo/Yr	To Mo/Yr

REFERENCES:

List name and telephone number of three (3) personal/business references, who are not related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN

What, if anything, prompted you to apply for a position with us?

If you checked "other", please explain: _____

Bay City Times Ad
 Internet
 Emp. Agency
 Friend
 Relative
 Walk-in
 Other

Please Also Provide:

1. A copy of your credentials, including student teaching evaluations and/or recommendations concerning your teaching experience; and
2. A copy of your transcript(s) from each college or university attended.

YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE UNLESS WE HAVE RECEIVED BOTH A COPY OF YOUR CREDENTIALS AND YOUR TRANSCRIPTS. APPLICATIONS WILL BE KEPT ON FILE FOR A PERIOD OF ONE YEAR.

ACKNOWLEDGMENT, CERTIFICATION, WAIVER AND RELEASE

I certify that the information contained in this application for employment, in my resume and in the other materials I have submitted are true and complete. I understand that falsification of this application or providing any false, misleading or incomplete information will result in disqualification from further consideration for employment with the Pinconning Area Schools (hereafter "the school") or in dismissal from employment if an offer of employment has been made and accepted.

I acknowledge that consideration for employment is contingent on the results of a reference and background check consistent with the provisions of MCL 380.1230 and MCL 380.1230a, as amended. Therefore, I authorize the school to: (1) investigate the truthfulness of all statements made on this application; (2) contact my former and current employers, educational institutions and other listed references or any other persons who can verify information; (3) discuss results of any investigation with other employees of the school involved in the hiring process. In addition, I give my consent for all contacted persons, including current and former employers to disclose to the school all requested information including, but not limited to, any information concerning any unprofessional conduct by me, and to make available to the school copies of all documents maintained in my personnel record, including but not limited to, documents relating to any unprofessional conduct by me.

I hereby release each such former or current employers, educational institutions and any other persons providing information from any and all liability and damages for releasing in good faith, any information to the school. I also hereby waive any right under the Bullard-Plawecki Employee Right to Know Act, 1978 PA 387, to receive written notice from the school or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed will be or has been disclosed to a third person or entity.

I further understand that the school may conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the school. I further release the individual or entity conducting the search, the school, and its employees and agents from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions will result in disqualification from further consideration for employment with the school or in dismissal from employment, if an offer of employment has been made and accepted.

In consideration of my employment, I agree and understand that, subject to any collective bargaining agreement applicable to me, my employment, compensation and any terms and conditions of my employment can be terminated, with or without cause, with or without notice, at any time at the option of either the school or myself. I understand that no supervisor or representative of the school, other than the board of education has any authority to enter into any agreement contrary to the foregoing, and that any such agreement to the contrary must be in writing and signed by the Superintendent of the Pinconning Area Schools.

I understand that if an offer of employment is made for a certain job classification, a medical examination may be required before I begin my employment duties. I further understand and agree that any offer of employment may be conditioned upon the results of the required medical examination and drug screening. Michigan law prohibits discrimination in employment based on a disability. An applicant or employee requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

If employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations as amended from time to time of the school.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING.

DATE

SIGNATURE