

TEACHERS' APPLICATION FOR EMPLOYMENT



(Please Print Plainly)

FREMONT PUBLIC SCHOOLS
450 E. Pine Street
Fremont, MI 49412-1595

DATE _____

NAME _____

Last
First
Middle

PRESENT ADDRESS _____

No.
Street
City

 _____ TELEPHONE () _____

State
Zip Code

PERMANENT MAILING ADDRESS _____

No.
Street
City

 _____ TELEPHONE () _____

State
Zip Code

ARE YOU A CITIZEN OF THE UNITED STATES, A LAWFUL PERMANENT RESIDENT OR OTHERWISE AUTHORIZED FOR WORK IN THE UNITED STATES?

COURSES QUALIFIED TO TEACH BY CERTIFICATION: Major: _____ Minor: _____

TYPE OF CERTIFICATE: ___Provisional; ___Permanent; ___Continuing; ___Elementary; ___Secondary; Date of Expiration _____

ARE YOU CERTIFIED OR LICENSED IN ANY SKILL OR PROFESSION? _____

IF YES, WHICH SKILL OR PROFESSION _____

IF TEACHING, ARE YOU UNDER CONTRACT? _____ IF YES, WHEN DOES IT EXPIRE? _____

WHEN WOULD YOU BE AVAILABLE FOR A PERSONAL INTERVIEW? _____

HAVE YOU EVER BEEN GRANTED MICHIGAN TENURE? _____ DATE _____

FROM WHAT SCHOOL _____

EDUCATIONAL AND PROFESSIONAL TRAINING: (most current listed first)

LIST HIGH SCHOOL, COLLEGES & UNIVERSITIES ATTENDED	LOCATION	DEGREES RECEIVED	AREA OF STUDY

ARE YOU PRESENTLY WORKING TOWARD A HIGHER DEGREE? _____ IF YES, WHAT IS YOUR EXPECTED COMPLETE DATE AND DEGREE EXPECTED? _____

NAME UNDER WHICH CREDENTIALS ARE FILED _____

NAME OF COLLEGE OR UNIVERSITY PLACEMENT AGENCY THAT HAS YOUR MOST COMPLETE RECORD ON FILE _____

TEACHING EXPERIENCE : Do not list student teaching. Attach additional sheets if necessary. (most current listed first)

NAME OF INSTITUTION	SUBJECTS TAUGHT	DATES FROM TO	HIGHEST SALARY RECEIVED	NAME OF SUPERVISOR	REASON FOR LEAVING

TOTAL TEACHING EXPERIENCE - SCHOOL YEARS _____

WORK EXPERIENCE OTHER THAN TEACHER: (most current listed first)

NAME OF COMPANY	ADDRESS	NATURE OF WORK	EMPLOYMENT DATES	REASON FOR LEAVING

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes ___ No ___ If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? _____

REFERENCES: Do not list references included in your college credentials. (please list at least three)

NAME	POSITION	ADDRESS & TELEPHONE NUMBER

COLLEGE EXTRA-CURRICULAR ACTIVITIES

List any extra-curricular activities in which you participated while in college - such as student government, forensics, publication, honorary, athletic, etc. _____

HOBBIES AND SPECIAL INTERESTS

Please list any hobbies or special recreational interests you may have _____

EXPERIENCE WORKING WITH STUDENTS

List experiences you have had working with young people (other than teaching) - such as scout work, summer camps, etc.

LIST PRESENT AND PAST MEMBERSHIPS IN PROFESSIONAL CLUBS, SOCIETIES OR ORGANIZATIONS

(last 10 years) (You are not required to list organizations, the name or character of which indicates the race, color, religion, national origin or ancestry or its members)

ORGANIZATION	LOCATION	DATES OF MEMBERSHIP

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR - OTHER THAN A MINOR TRAFFIC VIOLATION? _____ YES _____ NO

IF YES, GIVE DETAILS _____

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? _____ YES _____ NO

IF YES, GIVE DETAILS _____

ARE THERE ANY DOCUMENTS IN YOUR PERSONNEL RECORD THAT RELATE TO ANY UNPROFESSIONAL CONDUCT? _____ YES _____ NO

IF YES, GIVE DETAILS _____

DO YOU HAVE A SOCIAL NETWORKING SITE? ____ YES ____ NO. IF YES, IS THERE ANYTHING ON THIS SITE THAT WOULD COMPROMISE YOUR STATUS AS A ROLE MODEL AND EDUCATOR? _____

I certify that the information and answers I provided on this employment application are true and complete to the best of my knowledge. I also agree that any false information, misrepresentations or omissions may disqualify me from further consideration for employment or may result in discharge if hired, without regard to either my knowledge or the inaccuracy, the length of my employment or the seriousness of the inaccuracy.

I authorize the district to conduct such background investigations, except as noted above, as it deems necessary in arriving at an employment decision. I release the district and all companies, agencies schools and persons contacted from all liability and responsibility for providing, receiving or action on such information. I further agree to cooperate in any such investigation.

I understand that if I have a protected disability that affects my ability to perform the position, I may ask the district to attempt to make accommodation as required by law. I must make my request in writing to the district as soon as possible and no later than 182 days after the date I know or reasonable should know that accommodation is needed.

I agree to conform to the rules and regulations of the district. No person, other than the superintendent,

has authority to offer employment for any specified period or to make any representations or agreement contrary to the foregoing. Moreover, no such agreement by the superintendent will be enforceable unless the document is in writing, dated, signed by the superintendent and has been formally adopted by the school board.

SIGNATURE _____ DATE _____

DRUG TESTING CERTIFICATION:

I hereby give my consent for the district, through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I hereby release the district from any liability arising out of such tests or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized district officials for appropriate review. I acknowledge that remaining free of illegal drug use is a condition of my employment.

SIGNATURE _____ DATE _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS FOR THE SPECIFIC POSITION FOR WHICH YOU

ARE APPLYING WITH ACCOMMODATION _____ YES _____ NO

OR WITHOUT ACCOMMODATION _____ YES _____ NO

CERTIFICATION OF ABILITY TO PERFORM POSITION REQUIREMENTS

I certify that to the best of my knowledge I am able to perform the requirements of the _____
_____ position I seek.

I have received a copy of the description for the _____ position and understand the requirements. I acknowledge that this position requires _____ (for example: lifting, sitting, standing, turning, etc.)

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask the school district to attempt to make a reasonable accommodation for it. I must make my request in writing to the districts superintendent's office as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

APPLICANTS SIGNATURE _____ DATE _____

Employment opportunities are open to all without regard to race, color, sex, age, religion, national origin, marital or veteran status, or height, weight or non-disqualifying disability or handicap.

THIS APPLICATION SHOULD BE MAILED TO THE ADDRESS ON THE TOP OF THE FORM

ALL APPLICATIONS WILL BE KEPT ON FILE FOR SIX MONTHS. AFTER THAT TIME THE APPLICANT MUST RE-APPLY IF STILL INTERESTED IN EMPLOYMENT WITH THE SCHOOL DISTRICT.