



# 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  
State Zip Code TELEPHONE ( ) \_\_\_\_\_

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

SPECIFIC POSITION DESIRED \_\_\_\_\_ Full time \_\_\_\_ Part time

Were you previously employed by us? \_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage)

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?		List Diploma or Degree
			1	2	3	4	yes	no	
High									
College									
Other									

## 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?

**LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT**

Company Name/Address & Type of Business	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

Company Name/Address & Type of Business	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

Company Name/Address & Type of Business	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

Company Name/Address & Type of Business	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signature: \_\_\_\_\_

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

\_\_\_\_\_

**PERSONAL REFERENCES** (Not former employers or relatives)

Name and Occupation	Address	Phone Number

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 ? IF SO, GIVE DETAILS:

**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 acting 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 reasonably 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, 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 OF THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING WITH ACCOMMODATION \_\_\_\_\_ OR WITHOUT ACCOMMODATION \_\_\_\_\_.

**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 district's Human Resource Department as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**THIS APPLICATION SHOULD BE MAILED TO THE ADDRESS ON 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 FREMONT PUBLIC SCHOOLS.