

Wexford-Missaukee Intermediate School District

APPLICATION FOR POSITION

PERSONAL INFORMATION

DATE: _____

NAME: _____
Last First Middle

Permanent Address: _____

Email Address: _____

Phone Number: _____ Social Security # _____

Are you 18 years old or older? _____

**In accordance with Federal law, any person employed by this District must provide evidence that he/she is eligible to work in the United States.*

Are you a citizen of this country or do you have legal right to remain permanently in this country? _____

Have you ever been convicted of a crime? _____

If yes, when, where, and nature of the offense? _____

Are there any felony charges pending against you? _____

EMPLOYMENT DESIRED

Position _____ Are you currently employed? _____

If so may we inquire of your present employer? _____

Have you worked for this school district before? _____ When? _____

Do you want . . .full-time work? _____ Part time? _____

Education	Name of School	Years Attended	Year Graduated
High School			
College			
Trade, Business, or other schools			

Do you speak any foreign languages, if so what language? _____

Type of Teaching Certificate/License Held: _____

Date Issued: _____ Areas of Certification/License: _____

LIST BELOW LAST THREE EMPLOYERS

Business	Supervisor	Kind of Work	Date Started	Date Left
Street	City	State	Zip	Reason
Business	Supervisor	Kind of Work	Date Started	Date Left
Street	City	State	Zip	Reason
Business	Supervisor	Kind of Work	Date Started	Date Left
Street	City	State	Zip	Reason

REFERENCES Give below the names of two persons not related to you, whom you have known at least one year.

Name	Phone #	Years Acquainted
1.		
2.		
3.		

PHYSICAL RECORD

Do you have any physical defects that preclude you from performing any work you are being considered?

Condition of health during last two years _____

Date of last physical examination _____ By whom _____

AUTHORIZATION TO CONTACT EMPLOYMENT REFERENCES AND CONSENT TO OBTAIN RECORDS

I have applied for employment with the Wexford-Missaukee Intermediate School District. Pursuant to the requirements of Michigan law, I make the following authorization, release, and waiver.

I hereby authorize the personnel in the Wexford-Missaukee Intermediate School District to contact any references whose names I have submitted to discuss my willingness and ability to perform the job for which I am applying. I also Release this School District and any of the persons providing information from any liability or legal claims for making such contact or from using or providing any of the information obtained.

I release and hold harmless all prior and current employers, and the District, their agents and employees from any civil or criminal liability for providing such information. I waive any rights I may have under the Bullard-Plawecki Employee Right to Know Act to written notification from all prior and current employers regarding the release of the information described above.

For purposes of this Authorization and Release, the term "unprofessional conduct" means one or more acts of misconduct; one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor; or the commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct.

I understand that the District will not hire me if I refuse to sign this Authorization and Release. I further understand that the District may require me to provide additional information not described in this Authorization and Release. I also understand that until the report is received and reviewed, I am considered as a conditional employee and my contract is considered voidable at the option of the District, based on information contained in the report.

The District will use any information it receives pursuant to this Authorization and Release only for the purpose of evaluating my qualifications for employment in the position for which I have applied. Except as required by law, the District will not disclose any information it receives to any person, other than me, who is not directly involved in the process of evaluating my qualifications for employment.

DATE: _____ SIGNATURE: _____

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age gender, marital status, nondisqualifying disability, height, or other protected categories.

This form has been designed to comply with State and Federal Fair Employment Practice Laws.