

APPLICATION FOR EMPLOYMENT

6136 Pigeon Rd, Pigeon, Michigan 48755
 989.453.4600 www.lakerschools.org

ELKTON-PIGEON-BAY PORT LAKER SCHOOLS



Return directly to:

EPBP Laker Central Office (address above)

Application Date: _____

Position(s) applying for:

- Administrator
- Counselor
- K-12 Teacher
- Substitute Teacher
- Substitute Support Staff

Teacher Position(s) preferred:

(Number your 1st, 2nd, 3rd choice in priority order)

_____ Developmental Kindergarten/Kindergarten

_____ 1st - 2nd

_____ 3rd - 5th

_____ 6th-8th Subject(s)

_____ 9th-12th Subject(s)

Special Education Age Level Preferred (1-25) _____

Certification _____

FOR OFFICE USE ONLY	
Interview Date	_____
Starting Date	_____
Assignment	_____
Experience Credit	_____
Activity Credit	_____
Salary	_____
Administrative Authorization	_____

Support Staff Position(s) applying for:

- Bus Driver
- Custodial
- Food Service
- Maintenance
- Mechanic
- Secretarial
- Teacher's Paraprofessional

Other-Please Specify _____

PERSONAL DATA		Information furnished on this application is subject to verification. Misrepresentation of data will result in rejection as a candidate or subsequent dismissal if employed			
Last Name	First Name	M.I.	Social Security Number	Have you reached your 18 th Birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State any other name you have used		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under contract with any other District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		Date Available for Employment
Address (Number and Street)		City	State	Zip Code	County
Permanent Address (if other than above)		City	State	Zip Code	County
Phone (Area Code and Number)	Best Time to Call	Day (Circle) M T W T H F	What led you to apply (check one) <input type="checkbox"/> College Placement Office <input type="checkbox"/> District Employee (name) <input type="checkbox"/> Own Initiative <input type="checkbox"/> Friend or Relative (name)		
Have you previously applied/worked for EPBP Laker Schools? Applied <input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____ Location _____ Worked <input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____ Location _____					
Will you work overtime as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you work shifts as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you work alone? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you work in more than one location? <input type="checkbox"/> Yes <input type="checkbox"/> No Please identify any relatives you have working for EPBP Laker Schools					
Have you ever served in the Armed Forces of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date Entered		Date Discharged		Highest Rank	

EDUCATION

Name, City and State of Educational Institution High School		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade Completed: 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		
Name, City & State of Educational Institution, College or University		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No Degree Credits Earned	Type of Degree Received-Expected	Major/Semester Hours Minor/Semester/Hours	G.P.A. Overall
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Student Teaching/District Name, City, State, Zip		Supervisor and Telephone Number		Extracurricular Activities, Offices, Honors/Awards		
Michigan Certification		Issued or Expected		Expires		
Secondary Provisional						
Secondary Continuing/Permanent/Professional						
Elementary Provisional						
Elementary Continuing/Permanent Professional						
Vocational or Other						
Name, City and State of Educational Institution		Years Attended From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No Degree Credits Earned	Type of Degree Received-Expected	Major/Semester/Hours Minor/Semester/Hours G.P.A. Overall
Post High School/Technical Training/GED/Other			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you possess a current <input type="checkbox"/> License <input type="checkbox"/> Journeyman Card <input type="checkbox"/> Certificate <input type="checkbox"/> Other (Explain)		Kind of Trade	Date Acquired	Expiration Date	Licensing Agent	

ARE THERE ANY ADDITIONAL COMMENTS YOU WOULD CARE TO MAKE REGARDING YOUR EXPERIENCE OR SPECIAL SKILLS?

DRIVER INFORMATION

TO BE COMPLETED BY ANYONE WHO WILL DRIVE EMPLOYER'S VEHICLES, INCLUDING COACHES, WHETHER REGULARLY OR OCCASIONALLY

Type of Driver's License you hold: _____ Driver's License Number _____

Operator Commercial Operator Chauffeur Issued by what State? _____ Expiration Date _____ Number of years driving _____

Any restrictions on your license? Yes No If Yes, explain _____

Did you have any moving violations or accidents within the last five year(s) Yes No If yes, list below

Month/Year	Description of Violations (not parking)	Month/Year	Description of Accidents

ENTER WORK EXPERIENCE		Start with present or most recent position. Include military service, summer positions and volunteer work experience (you may attach a separate page).			
1	Company Name/School District			Telephone ()	
	Address (Number and Street), City, State, Zip		Dates Employed	From: Mo/Yr	To: Mo/Yr
	Name of Supervisor		Telephone ()	Rate of Pay	
	State job title and describe your work		Average number of hours per week	Reason for Leaving	
2	Company Name/School District			Telephone ()	
	Address (Number and Street), City, State, Zip		Dates Employed	From: Mo/Yr	To: Mo/Yr
	Name of Supervisor		Telephone ()	Rate of Pay	
	State job title and describe your work		Average number of hours per week	Reason for Leaving	
3	Company Name/School District			Telephone ()	
	Address (Number and Street), City, State, Zip		Dates Employed	From: Mo/Yr	To: Mo/Yr
	Name of Supervisor		Telephone ()	Rate of Pay	
	State job title and describe your work		Average number of hours per week	Reason for Leaving	
4	Company Name/School District			Telephone ()	
	Address (Number and Street), City, State, Zip		Dates Employed	From: Mo/Yr	To: Mo/Yr
	Name of Supervisor		Telephone ()	Rate of Pay	
	State job title and describe your work		Average number of hours per week	Reason for Leaving	
5	Company Name/School District			Telephone ()	
	Address (Number and Street), City, State, Zip		Dates Employed	From: Mo/Yr	To: Mo/Yr
	Name of Supervisor		Telephone ()	Rate of Pay	
	State job title and describe your work		Average number of hours per week	Reason for Leaving	

Have you ever been dismissed from employment, refused reemployment, or subjected to disciplinary actions in any positions? Yes No

If yes, explain: _____

In applying here for employment, it is understood that EPBP Laker Schools reserves the privilege of contacting past employers and/or their agents regarding references. May we also contact your present employer and/or their agents at this time? Yes No If No, reason: _____

PLEASE READ BEFORE SIGNING:

I hereby request that previous employers and/or their agents contacted by EPBP Laker Schools in connection with this application fully respond to all inquiries concerning such previous employment, and specifically, waive prior written notice of disclosure of (my) personnel record information including disciplinary reports, letters or reprimands or other disciplinary action. In consideration of the acceptance of (my) application, I release EPBP Laker Schools and previous employers and/or their agents of any claimed liability arising out of such response and disclosure.

Applicant's Legal Signature _____

Date _____

ORGANIZATIONS

To what Professional Organizations do you belong? (Last 10 years) Do not list organizations, the name or character of which indicates the race, sex, color, religion, national origin or ancestry of its members.

List below Co-Curricular Activities which you can and are willing to direct.

1. _____ 2. _____ 3. _____

CONVICTION DATA

Have you ever been convicted of a crime, other than a non-moving traffic violation? Yes No

If Yes, Explain _____

Are there any felony charges currently pending against you? Yes No

If Yes, Explain _____

PERSONAL STATEMENT

What qualifications, abilities and strong points do you believe will help you succeed in the position you have applied for?

It is the policy of the EPBP Laker Schools that no person shall, on the basis of race, creed, color, national origin, age, sex, marital status, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity including employment. A handicapper needing accommodations for employment must notify the School District in writing within 182 days after the need is known. Be advised that this application will be placed in an active file until December 31st of the year you apply. The application will then revert to an inactive file for an additional two (2) years unless a written notice is received annually from you requesting that the District maintain the application in the active file.

AGREEMENT (read carefully before signing)

I certify the facts set forth in this application for employment are true and complete to the best of my knowledge and belief and agree you may investigate my statements. I have listed all past employers and I agree to permit them to give any information concerning me and release them from liability in furnishing such information. If applicable, I authorize any physicians to disclose or release any of my medical records upon request and release them from any liability in furnishing such information. I understand that my employment and, if employed, my continued employment is conditioned upon my participation in testing, examinations or criminal investigations as may be deemed advisable by the District. I agree to participate in such testing, examinations and investigations when requested by the District and that the District shall be held harmless and free from liability in connection with any testing, examination or criminal investigation in which I may be involved. I understand false statements or information provided on this application will result in cancellation of my application or for immediate dismissal after employment. I agree to abide by the policies, regulations and work rules established by the Board of Education.

Applicant's Legal Signature _____

Date _____