



Superintendent's Office
372 South Main Street
Climax, MI 49034
(269) 746-2400

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative from the Superintendent's Office

Position(s) applied for: _____ Date of application ____/____/____

Name: _____ Applicant ID # _____
Last First Middle

Address: _____
Street City State Zip Code

Phone #: _____ Cell Phone #: _____ Email: _____

Referral Source (How did you hear about the job?): _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

Have you been employed by the district previously? Yes No

Are you eligible for employment in this country? Yes No

Date available for work ____/____/____ Type of employment desired Full-time Part-time Seasonal

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Yes No Need more information on the job's essential functions to respond

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation (excluding speeding tickets)?
 Yes No Are you presently under arrest for pending felony charge? Yes No

If yes, please give details: _____

Have you ever had any indicated finding of child abuse files in your name? Yes No

Does your name appear on any Sex Offender Database in any state or country? Yes No

Employment History

Previous Position Held:		Employer Contact Information		Supervisor/Reference Contact Information	
Date From-Date To:		Full or Part Time		Last Annual / Hourly Salary	
Reason for Leaving:					
May we contact this Employer?					
Type of Work performed/responsibilities					
Previous Position Held:		Employer Contact Information		Supervisor/Reference Contact Information	
Date From-Date To:		Full or Part Time		Last Annual / Hourly Salary	
Reason for Leaving:					
May we contact this Employer?					
Type of Work performed/responsibilities					
Previous Position Held:		Employer Contact Information		Supervisor/Reference Contact Information	
Date From-Date To:		Full or Part Time		Last Annual / Hourly Salary	
Reason for Leaving:					
May we contact this Employer?					
Type of Work performed/responsibilities					

Skills and Qualifications

Summarize any special training skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes include years of experience)

Microsoft Word _____ Years: _____

Microsoft Excel _____ Years: _____

MS Outlook/email _____ Years: _____

Other: _____ Years: _____

Educational Background

Starting with the most recent school attended, provide the following information:

School (include city & state)	Years completed	Diploma/Degree Earned	GPA	Major/Minor

References

List names and phone numbers for 3 business/work references who are Not related to you and are not previous supervisors.

If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Phone number	E-mail	Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided me in the application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons corporations, or organization for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute and agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements to the contrary are valid unless they are in writing and signed by the he employer's superintendent.

I also understand that if I am hired. I will be required to provide proof of identity and legal authorization to work int eh United States and that federal immigration laws require me to complete and I-9 form in this regard.

This organization does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state or local law. This organization likewise does not tolerate harassment based on his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The organization takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration from employment or (ii) may result in my immediate discharge from the employers service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have ready, fully understood and accept all terms of the forgoing Applicant Statement

Date application completed: ____/____/____

Signature of Applicant: _____