

SCHOOLCRAFT COMMUNITY SCHOOLS

629 East Clay St.

Schoolcraft, MI 49087

269-488-7387

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

Date of Application _____

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Name	Home Phone ()-
Street Address	Alternate Phone Number ()-
City, State, Zip	Social Security Number

Have you ever applied for employment with the Schoolcraft Community Schools? If yes, state the date and position. Yes No

Date you are available to begin work?

Driver's License Number: _____ State: _____ Is it currently valid? Yes No
Expiration Date: _____

In accordance with the Immigration & Reform Control Act of 1986, the Schoolcraft Community Schools will employ only persons legally authorized to work in the United States. State whether you are legally eligible to work in the U.S.A. Employment is conditional on providing proof of eligibility within three (3) days of employment. Yes No

Have you ever been convicted or arrested of a criminal offense or juvenile offense? If yes, give details on a separate sheet of paper. Yes No

Have you ever been dismissed from employment, forced to resign, or resigned to avoid being dismissed? (If yes, please explain. You may use a separate sheet of paper.) Yes No

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SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE	DEGREE OR CREDITS RECEIVED
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Most Recent High School Attended			Yes <input type="checkbox"/> No <input type="checkbox"/>	

GED Equivalency Certificate? Yes No If no, number of years in school _____

Additional Credit Courses (business, military, technical, etc.) _____

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Are you a veteran of the U.S. Military Service? Yes No Branch _____

If yes, were you dishonorably discharged? Yes No Separation Rank _____

List special skills you acquired in the military: _____

Are you now in the Military Reserve or National Guard? Yes No

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Your Job Title	Date Employed-Give Month and Year From _____ To _____
Employer _____ Type of Business _____	Hourly or Annual Pay Start _____ End _____
Address _____	Supervisor's Phone Number (____) - _____
Name and Title of Immediate Supervisor _____	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Duties	
Reason for seeking other employment?	

Your Job Title	Dates Employed-Give Month & Year From _____ To _____
Employer _____ Type of Business _____	Hourly or Annual Pay Start _____ End _____
Address _____	Supervisor's Phone Number (____) - _____
Name and Title of Immediate Supervisor _____	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Duties	
Reason for seeking other employment?	

Your Job Title	Dates Employed-Give Month & Year From _____ To _____
Employer _____ Type of Business _____	Hourly or Annual Pay Start _____ End _____
Address _____	Supervisor's Phone Number (____) - _____
Name and Title of Immediate Supervisor _____	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Duties	
Reason for seeking other employment?	

<p>List any special skills, or other information related to the position you are applying for (include courses, special training, equipment operated, memberships, volunteer work, etc.) You are not required to list organizations, the name or character of which will reveal the gender, race, religion, national origin, age, ancestry, disability or other protected status of its members.</p>	

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(do not list relatives)

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List three references familiar with your recent work that we may contact:

1. Name	Phone Number:
Position Title	Company Name:
2. Name	Phone Number:
Position Title	Company Name:
3. Name	Phone Number:
Position Title	Company Name:

MAY WE CONTACT YOUR CURRENT AND/OR PREVIOUS EMPLOYERS? YES NO EXPLAIN _____

DO YOU HAVE ANY COMMITMENTS OR AGREEMENTS WITH ANOTHER EMPLOYER, WHICH MIGHT AFFECT YOUR EMPLOYMENT WITH US? Yes No

If yes, explain _____

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Tell why you believe that you would be the best candidate for the desired position.

How did you learn about this position?

- Posted Announcement
- Agency Relative
- Walk-In Employee
- Newspaper Other

1. Do you have the physical, mental, and medical ability to perform the job related functions for the position for which you have applied? Yes No

2. If no, would you be able to perform the job with certain accommodations? Yes No

3. If so, what accommodations would be necessary?

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Are you 21 years or over? Yes No

Current License # _____ State _____ Class _____ Exp. Date _____

Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended?

Yes No If yes, explain _____

Have you been involved in an accident during the past 3 years?

Yes No Describe _____

Have you been convicted of violations of motor vehicle laws or ordinances (other than parking) in the last 3 years?

Yes No Describe _____

Have you ever been denied a Medical Examiner's Certificate in accordance with the Motor Carrier Safety Regulations?

Yes No Explain _____

Do you have more than 6 points on your driving record? Yes No Type of equipment used: Trucks

I am seeking:

(check all applicable) Full Time Part Time Temporary Substitute

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Position Desired: Full Time _____ Part Time _____ Substitute _____
Custodial _____ Maintenance _____ Bus Driver _____ Food Service _____
Secretarial _____ Teacher's Aide _____

Before any applicant can begin work, the person must be able to verify, under federal law, that he or she is authorized to work in the United States. All applicants offered a position with Schoolcraft Community Schools have to document their authorization to work before the hiring process will be complete.

APPLICANT'S CERTIFICATION AND AGREEMENT
(Please read carefully)

Certification of Truthfulness:

1. I certify that all statements on this Application for Employment are made completely, truthfully and without evasion. I further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed or if employed may result in my immediate dismissal. Knowingly giving false information will be considered "just cause" for dismissal.

Authorization for Employment Information:

2. I hereby give the Schoolcraft Community School District's Administrative staff the authority to seek and acquire information and records from my previous employer(s) and other references concerning my experiences, training, and working relationship, and to check other areas of my background as deemed appropriate (credit, criminal, etc.). If I am selected as a finalist, I understand that employment is contingent upon the outcome of my criminal record check.

The Schoolcraft Community School District does not discriminate on the basis of race, color, national origin, sex, age, disability, height, weight or marital status in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Douglas R. Knobloch, Superintendent, 629 East Clay St., Schoolcraft, MI 49087.

_____ Date

_____ Applicant's Signature

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