



# EAST JACKSON COMMUNITY SCHOOLS

1404 N. Sutton Road  
Jackson, MI 49202  
(517) 764-2090

## Application for Employment – Professional Staff

This form must be filled out completely. All information will be treated in a confidential manner. Your application will be moved to the inactive file after one year unless renewed by you. Prior to being interviewed, it is your responsibility to provide transcripts of college credits and evidence of certification as required by the position for which you have applied.

### PERSONAL HISTORY

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Position Desired

For which position are you applying? Elementary Grades K 1 2 3 4 5 6

Middle School/Subject \_\_\_\_\_ High School/Subject \_\_\_\_\_

Other (counseling, special ed., administration, adult ed.) \_\_\_\_\_

### EMPLOYMENT INFORMATION

Please list teaching certificates held including endorsements: \_\_\_\_\_

\_\_\_\_\_ Please list current salary range: \_\_\_\_\_

Are you currently under contract? \_\_\_\_ If yes, when does it expire? \_\_\_\_\_

May we contact your present employer? \_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Phone No. \_\_\_\_\_

Have you obtained tenure status in any Michigan school district \_\_\_\_ If yes, where? \_\_\_\_\_

When? \_\_\_\_ Have you ever been denied tenure? \_\_\_\_ If yes, where? \_\_\_\_\_

Why do you wish to leave your present position? \_\_\_\_\_

<b>EDUCATIONAL BACKGROUND</b>						
	Name of School	Type of Degree	Date Granted	GPA	Major	Minor
High School						
Under Graduate						
Graduate Work						
Awards, honors or special recognition received in college _____ _____						
<b>WORK EXPERIENCE IN EDUCATION</b>						
Name & Location of School System	Position	Dates From-To	Reason for Leaving	Last Salary		
Total number of years of full-time teaching experience excluding student teaching _____						
<b>OTHER WORK EXPERIENCE (INCLUDING MILITARY)</b>						
<b>LIST PRESENT AND PAST MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS AND VOLUNTARY WORK WITH STUDENTS.</b>						
Organizations				Dates		

Hobbies and special interests \_\_\_\_\_

Are you interested in coaching? \_\_\_\_\_ If yes, which sports? \_\_\_\_\_

List extra-curricular activities you would be interested in directing \_\_\_\_\_

\_\_\_\_\_

Are you able to perform all of the duties of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is no, please identify the particular job duties you are not able to perform: \_\_\_\_\_

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Have you been dismissed from employment or refused re-employment? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Have you ever been convicted of a felony or do you have any felony charges pending? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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### REFERENCES

List superintendents, principals, and supervisors under whom you have worked and others who have knowledge of your character, personality and ability as a teacher or administrator. Please do not list relatives.

Name and Title	Mailing Address	Telephone	For Office use

In your own handwriting, briefly outline your philosophy of teaching and what skills and strengths you bring to this assignment.

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**Notice of Handicapper Rights**

Michigan law requires that you notify East Jackson Community Schools in writing within 182 days after you know or should have known that an accommodation for a handicap will be necessary to permit you to perform the duties of the position for which you are applying.

**Notice of Medical Examination**

Any job you are offered by East Jackson Community Schools will be conditional on the results of a medical examination if one is requested by East Jackson Community Schools. The medical exam will be completed before you begin work on your job.

**Applicant's Certification and Agreement**

Read the following carefully before signing this application for employment.

**1. Certification of Truthfulness:**

I certify that all statements of this application for employment are made truthfully and without evasion, and 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 dismissal.

**2. Authorization for Employment Information:**

I authorize East Jackson Community Schools to conduct an investigation of me, including but not limited to all statements made by me in this application. I authorize all sources of information (the references I have listed, any prior or current employer of mine, any educational institutions) or anyone else contacted by East Jackson Community Schools to give it any and all information concerning me and my previous employment or educational accomplishments, including any disciplinary information and any other information they may have, personal or otherwise. I release all sources of information from all liability for any damage that may result from furnishing information to East Jackson Community Schools. Also, I hereby waive written notice to me that employment information is being provided by any person or organization. A photocopy of this authorization, release and waiver shall be considered as effective and valid as the original.

**3. Physical Examination and Testing:**

I agree to submit, upon request, for physical examination by the District's physician and to execute appropriate releases for that purpose. In addition, I agree to submit to a pre-employment substance screening test and to all search and substance testing called for by the District's Substance and Abuse Policy. I also agree to participate in any aptitude or other testing the District believes will assist in hiring or placement decisions.

**4. Criminal Records Check:**

I agree to execute an authorization for this employer to secure criminal conviction history and a record of referrals to first offender programs from the appropriate law enforcement agency, should the Board determine it is necessary to do so.

\_\_\_\_\_  
Applicant's Signature

Date \_\_\_\_\_

East Jackson Community Schools is an equal opportunity employer. Return application and all materials to: Administration Office East Jackson Community Schools 1404 N. Sutton Road Jackson, MI 49202 Phone: (517) 764-2090

(Office Use Only)	<u>Yes</u>	<u>No</u>
On File: Resume	___	___
Transcript	___	___
Teaching Certificate	___	___
T.B. Test/Hep. B Shots	___	___
Criminal Check	___	___