

EAST JACKSON COMMUNITY SCHOOLS

1404 N. Sutton Road
Jackson, Michigan 49202

APPLICATION FOR EMPLOYMENT – NON-INSTRUCTIONAL STAFF

This form must be fully completed. All information will be considered to be confidential.

Circle the position(s) for which you applying:

Teacher Aide Clerical Food Service Maintenance/Custodial/Grounds/Transportation

Today's Date: _____ Email Address: _____

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Home Telephone: _____ Cell Phone _____

Are You 18-years-old or older? (check one): YES or NO

Are you lawfully authorized to work in the U.S.? YES or NO

Have you ever worked for East Jackson Community Schools? YES or NO If so, when? _____

If hired, on what date will you be available to start work? _____

Have you been convicted of, pled guilty to, or entered a plea of no contest to a crime? YES or NO

(If yes, please explain): _____

Have you ever had any legal finding of child abuse filed in your name? YES or NO

(If yes, please explain): _____

Do you have any Felony charges pending against you? YES or NO

(If yes, please explain): _____

EDUCATION BACKGROUND

Level of Education	Name and Location	Years Completed	Diploma or Degree	Course of Study

MILITARY EXPERIENCE

From	To	Rank	Branch of Service	Special Training	Type of Discharge

PREVIOUS EMPLOYMENT INFORMATION

Company Name	Telephone
Address	Dates of Employment
Name of Supervisor	Job Title
Describe your work	Reason for Leaving
<hr/>	
Company Name	Telephone
Address	Dates of Employment
Name of Supervisor	Job Title
Describe your work	Reason for Leaving
<hr/>	
Company Name	Telephone
Address	Dates of Employment
Name of Supervisor	Job Title
Describe your work	Reason for Leaving

Please list your current salary range: _____

May we contact the employers listed above? ___YES or ___NO

Are you able to perform all of the duties of the position for which you are applying ___YES or ___NO

Have you ever been dismissed from employment? ___YES or ___NO

PROFESSIONAL REFERENCES

NAME	ADDRESS	PHONE	POSITION

PARAPROFESSIONAL/AIDE APPLICANTS

Please describe your experience in working with children in grades K-5:

Please describe your experience in working with children in grades 7-12:

Please describe your experience in working with children with special needs:

CLERICAL APPLICANTS

Please list the number of years of experience that you have had in working with each of the following:

Computer ____ Microsoft Word ____ Microsoft Excel ____ SDS ____

Other Software (please list): _____

How many words per minute can you type? _____

FOOD SERVICE APPLICANTS

Please list the formal and informal experience and/or training that you have had in commercial or institutional food service. _____

MAINTENANCE/CUSTODIAL/GROUNDS/TRANSPORTATION APPLICANTS

What is your area of skill (please check all that apply)?

Plumbing Carpentry Masonry Electrical Heating and Cooling
 Auto Mechanics Maintenance

Have you worked at a trade? If so, please describe: _____

What other qualifications do you possess? _____

Do you have a valid Michigan driver's license? YES or NO

Do you presently have violation points? YES or NO If so, how many? _____

EQUAL OPPORTUNITY EMPLOYER

East Jackson Community Schools is an Equal Opportunity Employer and complies with all laws prohibiting discrimination on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status. Under the Michigan's Persons with Disabilities Civil Rights Act, if you have a disability which requires accommodation, please notify the school district in writing within 182 days of when you learn of the need for accommodation. Failure to do so may limit the school district's obligations under the Michigan Act. There is no time limit for requesting an accommodation under the federal statute, the Americans with Disabilities Act of 1990, as amended, nor is such a request required to be in writing.

APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that East Jackson Community Schools may investigate my work and personal history and verify all data given on the Application, or related papers, and in interviews. In addition, I understand that I must sign the Authorization for Disclosure of Information Form. This form will give permission to request my previous employment evaluations and information related to unprofessional conduct that may have occurred from my previous employers. And, I authorize all individuals, schools, and employers named therein, except as specifically limited on this Application, to provide information requested about me, and I release them from liability for damages in providing this lawful information.

I also understand and acknowledge that, except as limited by a controlling collective bargaining agreement or by a written contract or the Teacher Tenure Act or the Michigan School Code signed by myself and the Superintendent, my employment and compensation will be at the will of East Jackson Community Schools and can be terminated with or without cause, and with or without notice, at any time at the option of either the Board of Education or myself. I further understand and agree that no District official, agent or employee, other than its Superintendent, has now or has had in the past any authority to enter any agreement for employment for any specified period of time or to make any agreement which is contrary to or modification of the above-described employment relationship.

I further understand and acknowledge, as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations which may include tests for communicable diseases, drugs and/or alcohol at the District's discretion and expense, subject to any collective bargaining agreement or state or federal law. I also understand that if hired, I will be subject to a State & Federal Fingerprint check and until that report is reviewed and approved by the school district, I will be regarded as a "conditional employee".

I understand that if felony or criminal charges should be filed against me during the course of my employment or while my application is considered active, it is my responsibility to notify the district of said charges within three (3) business days.

By signing and dating below, I certify that the information I provided in this Application for Employment is true, correct and complete. I understand any misstatement or omission of fact on this application may result in denial of employment, and if employed may result in my discharge.

APPLICANT'S SIGNATURE _____ DATE _____