



**EDUCATION**

School	Name & Location	Years Completed	Was a degree, diploma, or certificate awarded?	If yes, list degree, diploma, or certificate you were awarded	Major	Minor
Last High School	Name: Location:	1 2 3 4	Yes / No			
Business/Technical/Trade/Military School	Name: Location:	1 2 3 4	Yes / No			
College/University	Name: Location:	1 2 3 4	Yes / No			
College/University	Name: Location:	1 2 3 4	Yes / No			
Graduate School	Name: Location:	1 2 3 4	Yes / No			
Graduate School	Name: Location:	1 2 3 4	Yes / No			

**LICENSES AND/OR CERTIFICATES**

Type of License/Certificate	Issuing State or Agency	Number	Exp. Date
<input type="checkbox"/> Driver's <input type="checkbox"/> CDL-class: _____	_____	_____	_____
<input type="checkbox"/> Professional	_____	_____	_____
<input type="checkbox"/> Technical	_____	_____	_____

**KNOWLEDGE, SKILLS AND ABILITIES**

- Check any of the following for which you have been trained or have experience in:
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> General Building Maintenance | <input type="checkbox"/> Keyboarding _____ WPM     | <input type="checkbox"/> Fax machines    | <input type="checkbox"/> PC Software (list programs) |
| <input type="checkbox"/> Institutional Cleaning       | <input type="checkbox"/> Data Entry                | <input type="checkbox"/> Copiers         | _____  |
| <input type="checkbox"/> Grounds Work                 | <input type="checkbox"/> Filing                    | <input type="checkbox"/> Electronic mail | <input type="checkbox"/> Other computer (list)       |
| <input type="checkbox"/> Dining/Food Service          | <input type="checkbox"/> Working with math figures | <input type="checkbox"/> Internet        | _____  |
| <input type="checkbox"/> Multi-line telephone         | <input type="checkbox"/> Personal computers        |  | _____  |
| <input type="checkbox"/> Bookkeeping/Accounting       | <input type="checkbox"/> Calculator/adding machine |  | _____  |

List any other knowledge, skills, and abilities, you possess that may qualify you for the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list three individuals having knowledge of your related work experience/academic background that we may contact. Do not list relatives.

1. Name \_\_\_\_\_ Position \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ ( ) \_\_\_\_\_

Street City State Zip Code Telephone Number

How does this person know you? \_\_\_\_\_

2. Name \_\_\_\_\_ Position \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ ( ) \_\_\_\_\_

Street City State Zip Code Telephone Number

How does this person know you? \_\_\_\_\_

3. Name \_\_\_\_\_ Position \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ ( ) \_\_\_\_\_

Street City State Zip Code Telephone Number

How does this person know you? \_\_\_\_\_

**EXPERIENCE**

Starting with your present or most recent employer, please list your work experience, including any U.S. or other military experience. Include all employment whether full-time, part-time, summer or temporary. Attach a separate sheet, if necessary. This section must be fully completed. Listing "See Resume" or other similar language is NOT acceptable and may eliminate your application from further consideration.

Present or Most Recent

Employer Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Position Title \_\_\_\_\_  Full-time  Part-time Ending Salary/Pay Rate \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Supervisor/Telephone \_\_\_\_\_ ( ) \_\_\_\_\_

May we contact this supervisor for information?  Yes  No If no, why? \_\_\_\_\_

Employer Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Position Title \_\_\_\_\_  Full-time  Part-time Ending Salary/Pay Rate \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Supervisor/Telephone \_\_\_\_\_ ( ) \_\_\_\_\_

May we contact this supervisor for information?  Yes  No If no, why? \_\_\_\_\_

Employer Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Position Title \_\_\_\_\_  Full-time  Part-time Ending Salary/Pay Rate \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Supervisor/Telephone \_\_\_\_\_ ( ) \_\_\_\_\_

May we contact this supervisor for information?  Yes  No If no, why? \_\_\_\_\_

Employer Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Position Title \_\_\_\_\_  Full-time  Part-time Ending Salary/Pay Rate \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Supervisor/Telephone \_\_\_\_\_ ( ) \_\_\_\_\_

May we contact this supervisor for information?  Yes  No If no, why? \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or other legally related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this school district.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Social Security Number

**Return to:** Hal Davis, Assistant Superintendent Business/Operations  
Dowagiac Union Schools  
206 Main Street  
Dowagiac, MI 49047-1743  
(269) 782-4400 phone  
(269) 782-3152 fax

NOTE: All applications will be kept current and on record for one year.

Rev.1/10/06djh

## **Addendum to Non-Certified Employment Application**

I hereby authorize and unqualifiedly grant permission to the Dowagiac Union Schools and its administration to make pre-employment inquiries to verify the contents of my application for employment and/or the contents of my resume and any representations made verbally or in any letter of interest that I may have submitted. Further, I authorize and unqualifiedly grant permission to the Dowagiac Union Schools and its administration to contact any or all of my personal references or former or current employers to obtain information concerning my character, reputation, and/or work experience. I further authorize and unqualifiedly grant permission to the Dowagiac Union Schools and its administration to make inquiries and obtain any records from law enforcement and/or judicial authorities to determine whether any record of criminal conviction exists and whether there are any felony charges pending against me, including the nature of the offenses. I understand that if I am hired, this application will become part of my permanent file and that any misrepresentation, misleading or untruthful statement, or omission is cause for dismissal.

I further authorize a background check from the State Police to determine if I was convicted of (a) criminal sexual conduct in any degree; (b) assault with intent to commit criminal sexual conduct in any degree; (c) an attempt to commit criminal sexual conduct in any degree; (d) felonious assault on a child, child abuse, cruelty, torture, or indecent exposure involving a child; (e) violation of Section 145c or the Michigan Penal Code (child sexual abuse activity or material); (f) violation of Section 7410 of the Public Health Code (delivery of controlled substance to minors, students, near school property); and (g) violations of Section 7416 of the Public Health Code (recruiting or inducing a minor to commit a felony).

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Signature of Applicant

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Date

Reference: Public Act 99 of 1992 State of Michigan.

**Dowagiac Union School District  
Personnel Office**

**Authorization Waiver\***

I authorize all current and previous employers, law enforcement agencies and credit reporting services to disclose and make available to the Dowagiac Union School District any and all information in my personnel record or otherwise in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties or institutions to disclose to the Dowagiac Union School District any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification award; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to the Dowagiac Union Schools.

I understand that under Michigan's Bullard-Plawecki Employee-Right-to-Know Act, I am entitled to notice of the release of information from my personnel files and I hereby specifically waive any such notice.

I release all current and previous employers and any employees acting on behalf of the education institutions, law enforcement agencies, and credit reporting services from, and I waive any liability or claim relating to the release of information or opinions, and any employment decisions made by the Dowagiac Union School District as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature will have the same force and effect as my original signature.

Please provide the following information regarding your most recent employer:

Company Name \_\_\_\_\_

Name of Contact Person (if known) \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This information is to comply with the recent amendment to Section 1230(b) of the Michigan School Code, effective May 8, 1996 thus the Dowagiac Union School District is required by law to have you provide this information.