

APPLICATION FOR EMPLOYMENT

CERTIFIED

AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, height*, weight*, marital status, or the presence of a non job-related medical condition or disability. Inquiries or complaints regarding nondiscrimination policies should be directed to: The Coordinator for Title IX, Title VI, Title II, Section 504 and the Age Discrimination Act, Dowagiac Union Schools, 206 Main Street, Dowagiac, MI 49047; or contact via telephone at 269.782.4400 or fax 269.782.3152. *In employment only

PLEASE PRINT OR TYPE

Position you are applying for: _____ Current Date: _____

PERSONAL INFORMATION

Full Name _____
First Middle Last

Address _____
Street City State Zip Code

E-mail address _____
Home Telephone Number Alternate Number

Are you at least 18 years of age? Yes No (If no, a work permit must be presented before employment begins.)

Are you authorized to work in the United States? Yes No Date available to start work: _____

Have you ever been employed by DUS? Yes No If yes, list last position held and employment dates: _____

List all relatives now employed by DUS: _____

How did you learn about employment opportunities at DUS? (check all that apply)

DUS website Other website (please list): _____ Newspaper (please list) _____

Other print publication (please list): _____ Other (please list): _____ Employee Referral

Military Experience – Branch of Service _____

Length of Service: _____ Position or Rank: _____ Discharge Date: _____

Criminal Record Search

Dowagiac Union Schools conducts a criminal record search on all new employees and may do the same for applicants considered for employment. Information obtained through such a search will be used in evaluating an employee's continuation of employment or a candidate's suitability for an offer of employment at DUS. The information you provide below will be compared to the criminal record search results to determine the accuracy of your answers.

Have you ever been convicted of a felony or misdemeanor? Yes* No

If yes, list date, charge, place, and action taken for ALL felony and misdemeanor convictions:

Are any felony charges currently pending against you? Yes* No

*A yes response above does not necessarily mean that you cannot be employed. A criminal conviction will be evaluated on a number of factors including, but not limited to, relation to the position for which you have applied, nature of the crime, and the date of occurrence. **However, falsely answering the questions above may result in termination of employment or your application being removed from further consideration.**

CERTIFICATES / ENDORSEMENTS

Type of Teaching Certificate _____ Expiration date: _____
 Special Endorsements (Special Ed, Vocational Ed, etc.) _____
 Technology competencies (i.e. computers, web page, programming, etc.) _____

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			

COLLEGE INFORMATION

Name of College or University Placement Office in which your most complete records are on file: _____

 Name under which credentials are filed: _____
 Are you presently working toward a higher degree? _____ In what field? _____
 What is your expected completion date? _____ Highly qualified? (meets NCLB) _____
 Are you presently employed? Yes No Present or last salary: _____
 Do you expect to receive credit for previous experience? Yes No Comments: _____
 Name and address of present employer: _____

TEACHING EXPERIENCE (Do not list student teaching. Attach additional sheet if needed.)

Name of Institution	Date From/To	Subject Taught	Name of Supervisor	Reason for Leaving

Total teaching experience (school years): _____ Ever been denied tenure? Yes No
 Tenure granted in another Michigan School District? Yes No Year: _____ Where: _____

WORK 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

Nature of Work _____

Reason for Leaving _____ Supervisor/Telephone _____ () _____

Employer Name _____ Start Date: _____ End Date: _____

Address _____
Street City State Zip Code

Position Title _____ Full-time Part-time

Nature of Work _____

Reason for Leaving _____ Supervisor/Telephone _____ () _____

Employer Name _____ Start Date: _____ End Date: _____

Address _____
Street City State Zip Code

Position Title _____ Full-time Part-time

Nature of Work _____

Reason for Leaving _____ Supervisor/Telephone _____ () _____

Employer Name _____ Start Date: _____ End Date: _____

Address _____
Street City State Zip Code

Position Title _____ Full-time Part-time

Nature of Work _____

Reason for Leaving _____ Supervisor/Telephone _____ () _____

College Extra Curricular Activities: _____

Hobbies and Special Interests: _____

Experience Working with Students (other than teaching): _____

PROFESSIONAL REFERENCES

Please list four individuals 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? _____

4. Name _____ Position _____ Years Known _____
Address _____ (_____) _____
Street City State Zip Code Telephone Number

How does this person know you? _____

CHARACTER REFERENCES

Please list four individuals 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? _____

4. Name _____ Position _____ Years Known _____
Address _____ (_____) _____
Street City State Zip Code Telephone Number

How does this person know you? _____

PRESENT AND PAST MEMBERSHIPS IN PROFESSIONAL CLUBS, ORGANIZATIONS, ETC. (over last 10 years)

Organization	Location	Dates of Membership

Are you under medical care at this time that would prevent you from fulfilling your work requirements?

Yes No

Explain: _____

What special qualifications do you have for this position? _____

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: Superintendent
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.

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Addendum to 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).

Signature of Applicant

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.