

# APPLICATION FOR EMPLOYMENT

## WHITE CLOUD PUBLIC SCHOOLS

555 E. Wilcox Ave., P.O. Box 1000

White Cloud, MI 49349

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Soc. Sec. No. \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

Telephone \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES, A LAWFUL PERMANENT RESIDENT,  
OR OTHERWISE AUTHORIZED FOR WORK IN THE UNITED STATES? \_\_\_\_\_

Specific Position Desired \_\_\_\_\_ Full Time \_\_\_\_\_  
Part Time \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, When? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work?  
\_\_\_\_\_ 20\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefits in the  
job for which you are applying?

(Applicant should not list any information that Federal and/or State law precludes obtaining in  
the pre-employment stage)

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## RECORD OF EDUCATION

EDUCATION					
School	Name and Address of School	Course of Study	Years Completed	Did You Graduate	List Diploma or Degree
High School					
College					
Other (Specify)					

## MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ NO \_\_\_\_\_ If Yes, What Branch?

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_

<b>List Below Present And Past Employment, Beginning With Your Most Recent</b>		
Job Title	Dates Worked From _____ To _____	Pay \$ _____ Per _____
Name of Employer	Name of Supervisor	
Address		
City	State	Zip
Telephone Number (     )	Reason for Leaving:	
Duties Performed:		

Job Title	Dates Worked From _____ To _____	Pay \$ _____ Per _____
Name of Employer		Name of Supervisor
Address		
City	State	Zip
Telephone Number (     )	Reason for Leaving:	
Duties Performed:		
Job Title	Dates Worked From _____ To _____	Pay \$ _____ Per _____
Name of Employer		Name of Supervisor
Address		
City	State	Zip
Telephone Number (     )	Reason for Leaving:	
Duties Performed:		
Job Title	Dates Worked From _____ To _____	Pay \$ _____ Per _____
Name of Employer		Name of Supervisor
Address		
City	State	Zip
Telephone Number (     )	Reason for Leaving:	
Duties Performed:		

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact please indicate which one(s).

\_\_\_\_\_  
\_\_\_\_\_

<b>PERSONAL REFERENCES:</b> List the names of three references that employers may contact.		
1) Name	Telephone # (      )	Relationship (Teacher etc.)
Address:		City
Zip Code		State
2) Name	Telephone # (      )	Relationship (Teacher etc.)
Address:		City
Zip Code		State
3) Name	Telephone # (      )	Relationship (Teacher etc.)
Address:		City
Zip Code		State

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR- OTHER THAN A MINOR TRAFFIC VIOLATION? \_\_\_\_\_ YES \_\_\_\_\_ NO, IF YES GIVE DETAILS \_\_\_\_\_

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES GIVE DETAILS \_\_\_\_\_

I certify that the information and answers I provided on this employment application are true and complete to the best of my knowledge. I also agree that any false information, misrepresentation, or omissions may disqualify me from further consideration for employment or may result in discharge if hired, without regard to either my knowledge or the inaccuracy, the length of my employment, or seriousness of the inaccuracy.

I authorize the District to conduct such background investigations, except as noted above, as it deems necessary in arriving at an employment decision. I release the District and all companies, agencies, schools, and persons contacted from all liability and responsibility for providing, receiving, or acting on such information. I further agree to cooperate in any such investigation.

I agree to conform to the rules and regulations of the District. No person other than the Superintendent has authority to offer employment for any specified period or to make any representations or agree contrary to the foregoing. Moreover, no such agreement by the Superintendent will be enforceable unless the document is in writing, dated, signed by the Superintendent, and has been formally adopted by the School Board.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Drug Testing Certification:**

I hereby give my consent for the District, through an authorized testing service of its choice to collect blood, urine, hair, or saliva sample, or other fluid or tissue samples from me and to conduct any other necessary medical test to determine the presence of alcohol, drugs, or controlled substances, and hereby release the District from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized District officials for appropriate review. I acknowledge that remaining free of illegal drug use is a condition of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Are you able to perform the essential functions of the specific position for which you are applying with accommodation \_\_\_\_\_ or without accommodation \_\_\_\_\_

## **Certification of Ability to Perform Position Requirements**

I certify that to the best of my knowledge I am able to perform the requirements of the \_\_\_\_\_ position I seek.

I have received a copy of the description for \_\_\_\_\_ position and understand the requirements. I acknowledge that this position requires \_\_\_\_\_ (for example: lifting, sitting, standing, turning, etc.)

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask the School District to attempt to make a reasonable accommodation for it. I must make my request in writing to the District's Human Resource Department as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

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

Date \_\_\_\_\_

**Employment opportunities are open to all without regard to race, color, sex, age, religion, national origin, marital or veteran status, or height, weight, or non-disqualifying disability or handicap.**

**This application should be mailed to the address on the front page of this application**

All applications will be kept on file for one full year. After that time the applicant must re-apply if still interested in employment with the School District.