



Columbia School District
 11775 Hewitt Road
 Brooklyn, MI 49230
 Phone: 517-592-6641
www.myeagles.org

Application for Employment

This form must be filled out in its entirety. 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. It is your responsibility to provide transcripts of college credits and evidence of your certification, as required by the position for which you have applied, prior to being considered for an interview.

PERSONAL HISTORY

Today's Date	Name
Address	Social Security Number
Home Phone	Business Phone

POSITION DESIRED	
For which position are you Applying?	Adult Education:
Elementary:	Jr. High/Subject:
High School/Subject:	Other(counseling, administration, etc)

EMPLOYMENT INFORMATION	
Please list certificates held including endorsements:	
Are you currently under contract?	If yes, when does it expire?
May we contact your present employer?	Name:
Position:	Telephone Number:
Why do you wish to leave your present position?	

EDUCATION BACKGROUND						
	Name and Location	Type of Degree	Date Granted	GPA	Major	Minor
High School						
Undergrad.						
Graduate						
Awards, honors or special recognition received in college:						

WORK EXPERIENCE IN EDUCATION				
Name and Location	Position	Dates from - to	Reason for Leaving	Last Salary
Total number of years of full-time experience:				

OTHER WORK EXPERIENCE (including Military)			
Company Name	Position	Dates from - to	Reason for Leaving

LIST PRESENT AND PAST MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS AND VOLUNTARY WORK WITH STUDENTS	
Organizations	Dates
Have you been dismissed from employment or refused re-employment?	If yes, explain:
Have you ever been convicted of crime other than a minor traffic violation? Yes No	If yes, explain:

REFERENCES			
Name and Title	Mailing Address	Telephone	For office use

Applicant's Certification and Agreement

Read the following carefully before signing this application for employment.

Certification of Truthfulness:

I certify that all statements on 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.

Authorization for Employment Information:

I authorize Columbia School District 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 the Columbia School District 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, person or otherwise. I release all sources of information from all liability for any damage that may result from furnishing information to Columbia School District. Also, I hereby waive written notice to me that employment information is being provided by any person or organization. A photo static copy of this authorization, release, and waiver shall be considered as effective and valid as the original.

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 Abuse Policy. I also agree to participate in any aptitude or other testing the District believes will assist in hiring or placement decisions.

Criminal Records Check:

I agree to execute an authorization for this employer to secure criminal conviction history and a record determine it is necessary to do so.

Date:

Applicant's Signature

POLICY OF COMPLIANCE WITH FEDERAL LAW

It is the policy of the Columbia School District that no person shall, on the basis of race, color, national origin, sex, or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination.

Return application and all materials to:
Dr. Pamela Campbell, Superintendent

Columbia School District
11775 Hewitt Road
Brooklyn, MI 49230

pam.campbell@myeagles.org

517-592-6641



Pursuant to 1996 Public Act 189, I represent that (check one)

I have not committed unprofessional acts of misconduct, immorality, moral turpitude, inappropriate behavior involving a minor, or a crime involving a minor.

I have committed acts of misconduct, immorality, moral turpitude, inappropriate behavior involving a minor, or a crime involving a minor as follows:

I authorize my current and former employer listed on my application to disclose to the Columbia School District any unprofessional conduct by me and to make available to the Columbia School District copies of all documents in my personnel record maintained by my current and former employer relating to that unprofessional conduct.

I release my current and former employer and employees acting on behalf of my current or former employer from any liability for providing the information described in the preceding paragraph and I waive any written notice required under Section 6 of the Bullard-Plawecki Employee Right to Know Act, 1978 PA 397.

I understand and agree that pursuant to 1996 Public Act 189:

The Columbia School District (the "School District") must request my current or former employer to disclose to the school district any unprofessional conduct by me and to make available to the school copies of all documents in my personnel record maintained by the employer relating to that unprofessional conduct;

Until that report is received and reviewed by the School District, I am regarded as a conditional employee; and

If the report received from my current or former employer is not the same as my representation above respecting either the absence of any professional conduct, or any unprofessional conduct, my employment contract is voidable at the option of the School District.

I represent that my current and former employer are listed on the opposite side of this form.

Date

Date of Birth

Printed Name

Signature

(You must complete the Other Side)

Your employment cannot be processed without providing complete information for each employer.

Please list below your current and/or former employers separately.

Date Employed: From Month/Year _____ To Month/Year _____

Employer: _____

Address: _____

Date Employed: From Month/Year _____ To Month/Year _____

Employer: _____

Address: _____



Name _____ Date _____

Date of Birth _____ Social Security Number _____

Position _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contact Name & Phone _____

Location and date of scanned fingerprint background check _____

Signature

State Law mandates that all school staff must have a criminal history record check conducted by the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI).

Mission Statement

The Columbia School District in partnership with the community,
will provide a positive and safe learning environment, which will prepare
ALL students to contribute and compete in a global society.