

Columbia School District



APPLICATION FOR EMPLOYMENT - SUPPORT STAFF

This form must be filled out completely. All information will be treated in a confidential manner.

PERSONAL HISTORY	
Name:	
Address:	
Home Phone:	Business Phone:
Social Security:	Are you 18 years of age or older? ____yes ____no

Are you lawfully authorized to work in the U.S.?

Have you ever been convicted of crime other than a minor traffic violation? Yes _____ No _____
If yes, explain:
If hired, on what date will you be available to start work?

EDUCATION	BACKGROUND			
Level of Education	Name/Location	Years Completed	Diploma/Degree	Course of Study
High School				
College				
Other Training				

MILITARY	EXPERIENCE				
From	To	Rank	Branch	Special Training	Discharge

Write a brief narrative of any skills, experiences, or qualities which you feel would qualify you for a position with us. Include any awards, honors, or special recognition received. Include date of most recent school or work-related experience.

PARAPROFESSIONAL - AIDE APPLICANT

What experience have you had working with children, ages 4-12?

What experience have you had working with children, ages 13-18?

What experience have you had working with young people who face physical restrictions and/or conditions?

FOOD SERVICE APPLICANTS

Please list the formal and informal experience and/or training you have had in commercial or institutional food service. Include any experience you have in the area of supervision and work with children.

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 during any program or activity or in employment. (Adopted 4-8-91 by Bd. Of Education)

Return application and all materials to:

Dr. Pamela Campbell, Superintendent
Columbia School District
11755 Hewitt Road
Brooklyn, MI 49230
pam.campbell@myeagles.org
Phone: 517-592-6641

Bus Driver Applicants Have you driven for hire previous to this date? _____
List employers that you have driven with for hire in the past 10 years.

Employment Information - Please give accurate, complete record, List most recent employment first.

Company Name:	Telephone:
Address:	Job Title:
Name/Supv.	Employed From: To:
Describe work:	Reason for leaving:

Company Name:	Telephone:
Address:	Job Title:
Name/Supv.	Employed From: To:
Describe work:	Reason for leaving:

Company Name:	Telephone:
Address:	Job Title:
Name/Supv.	Employed From: To:
Describe work:	Reason for leaving:

May we contact the employers listed above?
If not, indicate which one(s) you do not wish us to contact.

REFERENCES - Please do not list relatives.			
Name	Address	Phone Number	Position

- Position desired (Plases number three top choices.)
- | | |
|---------------------------------|-----------------------------|
| _____ Paraprofessional Aide K-2 | _____ Maintenance/Custodial |
| _____ Clerical - full year | _____ Transportation |
| _____ Clerical - school year | _____ Food Service |
| _____ Child care | _____ Crossing Guard |

Do you prefer full-time, part-time, or substitute employment? _____

MAINTENANCE/CUSTODIAL/TRANSPORTATION APPLICANTS	
What is your area of skill? Plumbing _____ Carpentry _____ Masonry _____ Electric _____ Heating/Air _____ Auto Mechanics _____ Maintenance _____	
What machinery or equipment can you operate?	
Have you worked at a trade? _____ What?	
What other qualifications do you possess?	
Do you have a valid driver's license? _____ Class&Lic. No.	
Do you presently have violation points? _____ If yes, how many?	

Notice of Handicapper Rights

Michigan Law requires that you notify Columbia School District in writing within 182 days after you know or should have known that an accommodation for a handicap will be necessary to permit you to perform the duties of the position for which you are applying.

Notice of Medical Examination

Any job you are offered by Columbia School District will be conditional on the results of a medical examination if one is requested by Columbia School District. The medical exam will be completed before you begin work on your job.

Applicant's Certification and Agreement

Read the following carefully before signing this application for employment.

1) Certification of Truthfulness:

I certify that all statements on this application for employment are made truthfully and without any reason, 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.

2) 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, and educational institutions) or anyone else previous employment or educational accomplishments, including any disciplinary information and any other information they may have, personal 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.

3) Physical Examination and Testing:

I agree to submit, upon request, for physical examination by the District's physician and to execute appropriate release for that purpose. In addition, I agree to submit to a pre-employment substance screening test and to all search and substance testing called for by the District's Substance Abuse Policy. I also agree to participate in any aptitude or other testing the District believes will assist in hiring or placement decisions.

4) Criminal Records Check:

I agree to execute an authorization for this employer to secure criminal conviction history and a record of referrals to first offender programs from the appropriate law enforcement agency, should the Board determine it necessary to do so.

Applicant's Signature

Date



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 complete in a global society.