

QUINCY COMMUNITY SCHOOLS

One Educational Parkway
Quincy, Michigan 49082

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Date of Application: _____ / _____ / _____
Month Day Year

Name: _____
Last (Maiden) First Middle

Address: _____ Phone: () _____
Street

City State Zip

JOB INTEREST

Position Desired 1. _____ Full Time Regular Temporary
Area of Interest 2. _____ Part Time Regular Temporary
How long do you plan to work here? _____ How soon will you be available to start? _____
What starting salary range do you consider appropriate? \$ _____ to \$ _____ per year
Have you ever been employed by the Quincy Schools? _____ If so, when? _____

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	GRADUATION/ ATTENDANCE	DEGREE	COURSES Specialized in
High School		(Graduate) YES/NO (Endorsed Diploma) YES/NO		
College		# of years attended		
		# of years attended		
Other (Also list any trade licenses, or certificates)		# of years attended		

"Quincy Community Schools does not discriminate on the basis of race, religion, color, sex, age, height, weight, national origin, marital status or disability."

PERSONAL HISTORY SKILLS AND ABILITIES

REFERENCES

MILITARY SERVICE

Please indicate any professional, trade, office, technical or other skills and abilities possessed by you (I.e. typing, shorthand, computer usage, spreadsheet or word processing software, electrical, mechanical, custodial, cooking, etc.):

Skill	Length and Kind of Training	Years of Experience

Are there any pending felony charges against you? _____

Have you ever been convicted of a crime? _____

If so, give date, place, Court of Jurisdiction, offense(s) of which applicant was convicted and disposition: _____

1. _____ () _____
 Name Telephone Number

_____ _____ _____ _____ _____
 Address City State Zip Occupation

2. _____ () _____
 Name Telephone Number

_____ _____ _____ _____ _____
 Address City State Zip Occupation

3. _____ () _____
 Name Telephone Number

_____ _____ _____ _____ _____
 Address City State Zip Occupation

Have you served in U.S. military service? _____ YES _____ NO

If you have served, indicate period: From _____ to _____

Branch: _____ Rank or Rating: _____

Type of Discharge: _____ Special Training Received: _____

LIST PREVIOUS EMPLOYERS—MOST RECENT FIRST

Note: Include all positions with each employer.

Use remarks section on bottom of page if additional space is requires.

DATES Mo./Year	Employer	Responsibilities
From	Name	Title of position
To	Address City/State/Zip	Duties (including supervision)
Type of Business		
Supervision's Name		
Reason for leaving		Final Salary
From	Name	Title of position
To	Address City/State/Zip	Duties (including supervision)
Type of Business		
Supervision's Name		
Reason for leaving		Final Salary
From	Name	Title of position
To	Address City/State/Zip	Duties (including supervision)
Type of Business		
Supervision's Name		
Reason for leaving		Final Salary
From	Name	Title of position
To	Address City/State/Zip	Duties (including supervision)
Type of Business		
Supervision's Name		
Reason for leaving		Final Salary

List any additional details necessary to complete or clarify your application:

READ CAREFULLY: THIS DOCUMENT CONTAINS A RELEASE

PRE-EMPLOYMENT INVESTIGATION AND PHYSICAL EXAMINATION, APPLICANT
ACKNOWLEDGEMENT, AUTHORIZATION, CONSENT, AND RELEASE

I, the undersign Applicant for employment with Quincy Community Schools, do hereby acknowledge, authorize, and consent to a pre-employment investigation to be conducted by agents of Quincy Community Schools for the purpose of confirming and verifying the contents of my application for employment, resume and/or letter of interest submitted by me and/or to confirm or verify any verbal representations made or to be made by me with respect to my consideration for employment with Quincy Community Schools to contact any or all of my personal references, former or current employers, and any other persons and organizations deemed necessary by the investigating agents for the purpose of making pre-employment inquiries and obtaining information concerning my character, reputation, and/or work record and experience.

Also, I do hereby authorize and consent to agents of Quincy Community Schools to contact any child protection agencies or registries, law enforcement authorities, and/or judicial authorities and to make pre-employment inquiries and to obtain any information and/or records related to me to determine if I have committed or have been convicted of any crimes and if there are any felony charges pending, including the nature of the crimes committed and/or the pending felony charges.

I hereby authorize and consent to the release of any information, written or verbal, and/or any documentation regarding my character, reputation, work record and experience from any person, including my present and/or former employers, upon the request of the agents of Quincy Community Schools conducting the pre-employment investigation. I do hereby waive written notice of the disclosure of any disciplinary reports, reprimands, and/or actions from my current or former employers.

Also, I do hereby release any person providing information and/or documents concerning my character, reputation, and/or work record and experience to agents of Quincy Community Schools pursuant to the pre-employment investigation from any and all claims and/or liability whatsoever for any damages and/or consequences which may result there from.

I hereby acknowledge and understand that if I should be employed by Quincy Community Schools, my application for employment and other related information as deemed appropriate for retention will become a permanent part of my personnel file; and that if any representations, omissions, or statements made by me during the pre-employment screening process, which are contained therein, are subsequently discovered to be false or misleading, the discovery thereof may result in my discharge.

I do hereby release Quincy Community Schools, its individual Board members, employees, and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation and/or physical examination, including the drug screening test (if applicable), related to my consideration for employment with Quincy Community Schools.

Furthermore, should I be conditionally offered employment in a position with Quincy Community Schools, I do hereby acknowledge that I may be required to undergo a physical examination as a precondition and prerequisite to my employment with Quincy Community Schools, and I do hereby authorize and consent to do so as so required. I do hereby acknowledge, authorize, and the consent to a drug-screening test as part of the physical examination and to give blood, urine, hair, and/or tissue specimens to the medical/clinical personnel of the medical facility or laboratory designated to administer the prescribed test and to submit to other follow-up testing as may be necessary to determine the presence of drugs or drug residue in my body as an indicator of drug use.

Further, I do hereby acknowledge, authorize, and consent to the release of the test results and other medical information obtained by the physical examination to the officials, administrative authorities, and agents of Quincy Community Schools for review and inspection which will be considered and may govern the final decision and determination of whether I will be employed or not.

I do hereby acknowledge and understand that if I refuse at any time to submit to any portion of the physical examination and/or drug screening test, I will not be hired.

DATED: _____ 20 _____

(Full Name Of Applicant - Please Print)

SIGNATURE OF APPLICANT: _____

**PROFESSIONAL PREPARATION
(Teaching Applicants Only)**

A. COLLEGE WORK RESULTING IN DEGREE

Name of Institution & State	Major	Hours	Grade Average	Minor	Degree

List any honors or awards received in connection with above college work: _____

B. COLLEGE WORK RECENTLY COMPLETED

Name of Institution/State	Name of Course	Credits Earned	Date Completed

C. STUDENT TEACHING EXPERIENCE

School	Location		Supervising Teacher	Grade Level or Subject Area	Number Credit Hours
	City	State			
Name of College or University					

D. CERTIFICATION

Do you hold a Michigan Teacher Certificate? _____ Type _____ Expiration Date _____

Have you received tenure? YES / NO If YES, where? _____

List subjects or grades which you are certified to teach:

Has your present or any previous certificate held by you ever been suspended or revoked? If so, please explain in detail.

Have you ever requested that your present certificate or previous certificate (or any endorsement or grade level certification thereon) be nullified or limited? If so, please explain the date of that request and the agency to which the request was made.

