

**SOUTH HAVEN PUBLIC SCHOOLS
EMPLOYMENT APPLICATION**

554 Green Street
South Haven, MI 49090
Phone: (269) 637-0544
FAX: (269) 637-3025

Today's Date _____

Position Applied for _____

PERSONAL INFORMATION

Name _____
First Middle Last

Have you ever used a different name: _____

If yes, list name: _____

Present Address _____
Number Street

City State Zip Code

Phone _____
Home Work Cell

E-mail Address _____

How long have you been a resident of the State of Michigan? _____

How long have you been a resident of South Haven? _____

Are you 18 years old or older? _____

In a paragraph, please tell us why you believe you are qualified for this position.

TEACHERS - EDUCATION BACKGROUND				
DEGREE EARNED	INSTITUTION AND LOCATION	DATE DEGREE RECEIVED	MAJOR/ MINOR	ENDORSEMENTS

ADVISORY: In accordance with Public Act 96 of the Public Acts of 1995, it is a criminal misdemeanor to use a suspended, surrendered, revoked, nullified, fraudulently obtained, altered or forged teaching certificate, school administrator certificate, other State Board of Education approval, or a certificate or approval of another person for the purpose of obtaining employment.

APPLICANTS - Other than Teachers

Education: Select highest grade completed from dropdown below:

Elementary: _____
 High School: _____
 College: _____
 Degrees Held: _____

Specialized Training: Please list

1. All special training/skills related to position for which application is being submitted

2. All special training/skills not related to position

If you have special licenses such as a commercial driver's license, or an electrician's license, list here. Please give date awarded, license number and status.

Bus Driver Applicants: Please list your valid CDL or chauffeur's license number.

License	License #	Date	Status, i.e., Current/Expired
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ALL APPLICANTS EMPLOYMENT HISTORY:

Please list most current employer first with employment dates. If more space is needed, continue on back. Teachers, include student teaching.

DATES	EMPLOYER	SALARY	SUPERVISOR'S NAME & TITLE
From:	Name _____	Start:	_____
	Address _____		_____
To:	_____	Last:	May we contact now:
	Phone _____		____ Yes ____ No

Position Title _____

Reason for Leaving _____

DATES	EMPLOYER	SALARY	SUPERVISOR'S NAME & TITLE
From:	Name _____	Start:	_____
	Address _____		_____
To:	_____	Last:	May we contact now:
	Phone _____		____ Yes ____ No

Position Title _____

Reason for Leaving _____

DATES	EMPLOYER	SALARY	SUPERVISOR'S NAME & TITLE
From:	Name _____	Start:	_____
	Address _____		_____
To:	_____	Last:	May we contact now:
	Phone _____		____ Yes ____ No

Position Title _____

Reason for Leaving _____

ALL APPLICANTS – REFERENCES:

Give names and phone numbers of persons who know you and can comment on your work record.
(Do not list relatives and do not use “See Resume”.)

<i>Name</i>	<i>Title</i>	<i>Day Time Phone #</i>	<i>Evening Phone #</i>

ALL APPLICANTS

I hereby declare the information provided by me in the Application for Employment is true, correct, and complete to the best of knowledge. I understand that any misstatement or omission of fact on this application may result in refusal of, or immediate dismissal from employment. Additionally, I give consent to those listed as references and former employers to comment on my work history.

Signature of Applicant: _____ **Date:** _____

PLEASE NOTE: South Haven Public Schools maintains a practice of seeking applications for specific positions as they are available and posted. Please feel free to attach a resume or vita to this application. Persons seeking additional information are invited to call the personnel office at (269) 637-0544.

SOUTH HAVEN PUBLIC SCHOOLS SHALL NOT DISCRIMINATE IN ITS POLICIES AND PRACTICES WITH RESPECT TO COMPENSATION, TERMS OR CONDITIONS OF EMPLOYMENT BECAUSE OF AGE, RACE, COLOR, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, HANDICAP, PHYSICAL CHARACTERISTIC, SEX, RELIGIOUS BELIEF, SEXUAL ORIENTATION, POLITICAL BELIEFS, CULTURAL IDENTITY, SOCIOECONOMIC STATUS, FAMILIAL STATUS AND GENETIC INFORMATION.

ALL APPLICANTS - Age 18 and Over

Pursuant to Public Act 68 of 1993, Public Act 83 of 1995, and Public Acts 129 & 130 of 2006:

I, _____, represent that (check one of the following):
Name

- _____ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.
- _____ 2. I have been convicted of, or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date and court):

a. _____

b. _____

c. _____

I understand and agree that pursuant to Public Act 68 of 1993, Public Act 83 of 1995, and Public Acts 129 and 130 of 2006:

- (1) The Board of Education of the school district or governing body of the nonpublic school (the "School") must request a criminal history check and fingerprinting on me from the Central Records Division of the Michigan Department of State Police and FBI.
- (2) Until that report is received and reviewed by the School, I am regarded as a conditionally hired employee.
- (3) If the report received from the Michigan Department of State Police and FBI is not the same as by representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my conditional employment contract is voidable at the option of the School.

Signature

Date