

Gladwin Community Schools

401 N. Bowery, 2nd Floor
Gladwin, Michigan 48624



Phone: 989-426-9255
Fax: (989) 426-5981

Date of Application: _____

NAME: _____

Other names you have used: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary telephone: _____

Position(s) applying for in the order of preference if more than one: Full Time Part Time

1. _____

2. _____

3. _____

Are you a United States Citizen? ☐ Yes ☐ No

EDUCATIONAL BACKGROUND:

High School (Name and Location) _____

Diploma Received: _____

College: _____ Degree Received: _____

Describe any specialized training, apprenticeship, skills, certifications, etc.:

EMPLOYMENT EXPERIENCE:

Beginning with your present or last job, provide the following information:

Name of Employer: _____ Supervisor _____

Address: _____

Date of Employment From: _____ To: _____

Work Performed: _____

Reason Leaving: _____

Name of Employer: _____ Supervisor _____

Address: _____

Date of Employment From: _____ To: _____

Work Performed: _____

Reason Leaving: _____

Name of Employer: _____ Supervisor _____

Address: _____

Date of Employment From: _____ To: _____

Work Performed: _____

Reason Leaving: _____

PERSONAL REFERENCES:

Give NAME, ADDRESS, and TELEPHONE NUMBER with area code of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Present or Military Status: _____

Experience working with children (scouts, summer camp, church work, 4-H etc.)

Hobbies and interests _____

MEDICAL HISTORY:

Do you have any impairment (physical, mental, or medical) which would interfere with your ability to do the job for which you have applied Yes No

If yes, please explain: _____

Have you ever collected Workers' Compensation for an accident or injury? Yes No

If yes, please state from whom, when, and why _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Are there currently any criminal charges pending against you? Yes No

If yes, please explain: _____

APPLICANT'S STATEMENTS:

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that making any misleading or untruthful statement on this application may result in my dismissal, if accepted for employment. I understand this application will become a permanent part of my personal record.

Signature of Applicant

It is the policy of Gladwin Community Schools that no person shall on the basis of race, color, national origin, sex, or handicap, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program or activity and in employment.

PLEASE REFER TO JOB POSTING FOR THE PROPER EMAIL ADDRESS TO EMAIL YOUR APPLICATION. PAPER APPLICATIONS ARE AVAILABLE AT THE GLADWIN COMMUNITY SCHOOLS ADMINISTRATION OFFICE.