

**Deckerville Community Schools
Application for Employment**

The following information is requested in order to help us make the best possible placement within the school district. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. The school district, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, or by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified handicapped individuals and Vietnam era and disabled veterans.

PLEASE PRINT

Name _____ (Last) _____ (First) _____ (Middle)

Address _____ (Street) _____ Telephone No. _____

_____ (City) _____ (State) _____ (Zip) _____ Alternate No. _____

S.S. Number _____ / _____ / _____ Drivers Lic. # _____
(Bus Driver Only)

Are you legally entitled to work in the United States? _____ Yes
_____ No

Have you ever applied for a job with the school district? _____ Yes
If yes, where and when? _____ No

Position for which you are applying _____

List other positions for which you would like to be considered.

If your application is considered favorably, on what date can you start work?

EDUCATION

School Name	Address	Number of Yrs. Attended	Degree	Major
-------------	---------	----------------------------	--------	-------

High _____

College _____

Graduate _____

Other _____

Courses now studying _____

EMPLOYMENT RECORD (Please list most recent position first.)

Dates	Name & Address Of Employer	Exact Reason for Leaving
-------	-------------------------------	-----------------------------

From: _____ Job Title _____

To: _____ Supervisor _____

Telephone: _____ May we contact them? _____

Dates	Name & Address Of Employer	Exact Reason for Leaving
-------	-------------------------------	-----------------------------

From: _____ Job Title _____

To: _____ Supervisor _____

Telephone: _____ May we contact them? _____

Dates	Name & Address Of Employer	Exact Reason for Leaving
-------	-------------------------------	-----------------------------

From: _____ Job Title _____

To: _____ Supervisor _____

Telephone: _____ May we contact them? _____

Dates	Name & Address Of Employer	Exact Reason for Leaving
From:	Job Title	
To:	Supervisor	
Telephone:	May we contact them?	

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with district policy. I agree to conform to the rules and regulations of the district and understand that, unless covered by a master agreement, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the district or myself. I further understand that no interviewer or other representative of the school district, other than the Superintendent or Board of Education, has any authority to enter into any agreement for employment for any specified period of time.

Authorization Signature of Applicant

Date

STATEMENT OF NONDISCRIMINATION

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, marital status, nondisqualifying disability, height, or other protected categories.

NEED TO ESTABLISH RIGHT TO WORK

In accordance with Federal law, any person employed by this District must provide evidence that s/he is eligible to work in the United States.