

APPLICATION FOR NON-CERTIFIED POSITIONS

M.S.D OF WARREN COUNTY

101 North Monroe Street, Box 207
Williamsport, Indiana 47993

The Metropolitan School District of Warren County, Indiana does not discriminate in hiring or employment on the basis of race, color, sex, age, disability, religion, or national origin.

(Please type or print all information in the application. Additional material can be submitted as needed.)

APPLICATION FOR POSITION(S) (Please check all that apply)

Cook Custodian Instructional Aide Mechanic
Secretary Bus Driver

Words/Minute Do you have a CDL?
List computer software that are proficient with Have you ever had your license suspended?

Will you accept Part Time Full Time Night Shifts?

BACKGROUND INFORMATION

NAME EMAIL

HOME ADDRESS

CITY STATE ZIP

TELEPHONE BIRTHDATE

Have you been previously employed by this corporation? YES NO

If yes, when and in what position.

Reason for leaving.

Are there any physical limitations which may influence performance of your duties?

SOCIAL SECURITY NUMBER

(Completion of social security number is optional. Failure to submit social security number will not prohibit employment consideration. Your social security number will be required on various other employment documents.)

CURRENT EMPLOYMENT INFORMATION

NAME OF EMPLOYER _____

BUSINESS ADDRESS _____ TELEPHONE _____

CITY _____ STATE _____ ZIP _____

LENGTH OF PRESENT CONTRACT _____ EXPIRATION DATE _____

PRESENT SALARY _____ DATE AVAILABE TO BEGIN NEW POSITION _____

PRESENT POSITION _____

DAYS ABSENT FROM WORK DURING PAST YEAR _____

EDUCATION(Undergraduate and Graduate)

HIGH SCHOOL ATTENDED _____

GRADUATION DATE (If a diploma was received) _____

OTHER TRAINING _____

COLLEGE ATTENDED _____

GRADUATION DATE/DEGREE (If a diploma was received) _____

MILITARY EXPERIENCE

EMPLOYMENT HISTORY

| NAME/ADDRESS | DATES EMPLOYED | JOB DESCRIPTION | REASON FOR LEAVING | SUPERVISOR'S NAME/NUMBER |
|--------------|----------------|-----------------|--------------------|--------------------------|
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REFERENCES

(List three persons who know your professional background and qualifications. Do not list relatives.)

| NAME | ADDRESS | PHONE |
|------|---------|-------|
| | | |
| | | |
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ADDITIONAL BACKGROUND INFORMATION

- _____ Yes _____ No 1. Is your conduct as an employee or the quality of your work the focus of any investigation by your current employer?
- _____ Yes _____ No 2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a previous position?
- _____ Yes _____ No 3. Have you ever resigned from a position after being offered the opportunity to resign rather than be terminated?
- _____ Yes _____ No 4. Have you ever resigned from a prior position without being asked; but under circumstances involving your employer's investigation of sexual conduct with another person, mishandling of funds, or criminal conduct?
- _____ Yes _____ No 5. Have you ever been investigated for, charged with, or pled guilty or "no contest" to any crime involving sexual abuse of any person or indecency with a minor?
- _____ Yes _____ No 6. Have you ever pled guilty, been convicted of, or otherwise been found in violation of the law by a court for any matter other than a minor traffic violation?
- _____ Yes _____ No 7. Have you ever been charged with a crime, other than minor traffic offense, where the court has deferred further proceedings, without entering a finding of guilt and placed you on probation or in a public service or education program?

Describe the talents, skills and special qualifications you possess that will make you a successful member of the M.S.D. of Warren County family.

WAIVER

PUBLIC LAW 93-389 “FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974”

I hereby certify that the information found within this application has been provided voluntarily and I waive any right to assert discrimination on the basis of that which has been divulged.

I hereby authorize all persons, firms, corporations, educational institutions, and organizations of any kind to release to the **M.S.D. of Warren County** any and all information, files, or records pertaining to this application, and to permit inspection, and to furnish copies of any documents pertinent to this application. I further authorize any and all persons in any capacity to answer any and all questions in any form that may be submitted to them concerning this application.

In the event of employment, I understand that false, misleading or omission of information given in my application or interview(s) may result in discharge.

I expressly waive in connection with any request for, or provision of such information any claims or accuses of action including, without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school district, its officials, employees, trustees or agents, or against any provider of any information.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

The information submitted on this application is accurate to the best of my knowledge. I understand that my application will be retained in current files for a period of one year.

Applicant’s Signature

Date

Please address all communications to:

**Ralph Shrader, Superintendent
M.S.D. of Warren County
101 North Monroe Street, Box 207
Williamsport, Indiana 47993**