



SUPERIOR CENTRAL SCHOOL DISTRICT

P.O. Box 148
Eben Junction, MI 49825
(906) 439-5531
Fax (906) 439-5734

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____ DATE: _____

PRESENT ADDRESS: _____
Street City State Zip

TELEPHONE: _____ HOW LONG AT THIS ADDRESS? _____

SOCIAL SECURITY NUMBER: _____

ARE YOU 18 YEARS OLD OR OLDER? _____ ARE YOU A U.S. CITIZEN? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, EXPLAIN:

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR: _____ DATE YOU CAN START: _____

SALARY DESIRED: _____

CURRENTLY EMPLOYED? _____ IF SO, MAY WE CONTACT EMPLOYER? _____

HAVE YOU EVER APPLIED WITH US BEFORE? _____ WHEN? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

WHAT SPECIAL WORK EXPERIENCE DO YOU HAVE? _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK OR WRITE FLUENTLY? _____

U.S. MILITARY SERVICE? _____ **RANK:** _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES (GIVE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE: _____ **DATE:** _____

DATE RECEIVED IN OFFICE: _____

PERSON RECEIVING: _____



SUPERIOR CENTRAL SCHOOL DISTRICT
Superintendent/Business Office
E2865 Hwy-94, P.O. Box 148
Eben Junction, MI 49825
Phone (906) 439-5531
Fax (906) 439-5734

**APPLICANT ACKNOWLEDGMENT, AUTHORIZATION, CONSENT, AND
RELEASE FOR PRE-EMPLOYMENT INVESTIGATION**

PLEASE READ CAREFULLY; THIS DOCUMENT CONTAINS A RELEASE.

I, _____ (please print full name) the undersigned applicant for employment with the Superior Central Schools (the "District") acknowledge, authorize, and give my voluntary consent to a pre-employment investigation to be conducted by the District's employees or agents 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 the District.

References

Further, I authorize and give my voluntary consent to the District's investigating employees or agents to contact any or all of my personal references, current and former employer(s), current and previous education institution(s) attended, and any other person(s) and organization(s) as deemed necessary by the District's investigating employees or agents for the purpose of making pre-employment inquiries and obtaining information concerning my character, reputation, certification, licensure, academic and/or work record and experience.

Further, I acknowledge, understand and agree that an investigation may be made whereby information is obtained through personal interviews or other contacts with my neighbors, friends, or others with whom I am or have been associated or acquainted or who may have knowledge of the above information regarding me. Those inquiries may include, as appropriate, information regarding my character, reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request of the District, within a reasonable period of time, to receive additional and detailed information about the nature and scope of such investigation.

Disclosure of Information

Further, I authorize and give my voluntary consent to the disclosure of any information, written or verbal, and/or any documentation regarding my character, reputation, work and work experience record(s), disciplinary record(s), from any entity or person, including my current and former employer(s), and current and previous educational institution(s) attended, upon the request of the District's employees or agents conduction the pre-employment investigation.

Child Protection, Law Enforcement, Judicial Authorities

Further, I authorize and give my voluntary consent to the District's investigating employees or agents to contact any child protective 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 against me, including the nature of the crimes committed and/or the pending felony charges.

Criminal History Background Check

Further, I acknowledge and understand that according to Michigan Law, a criminal history background check is required and give my voluntary consent to the District and its investigating employees or agents to conduct this check in cooperation with state and federal law enforcement agencies. I also give my voluntary consent to the District and its investigating employees or agents to receive copies of any criminal history background report previously obtained regarding me in connection with my application for employment with any other Michigan public school or non-public school.

Further, I release the District, its investigating employees and agents and the sources of such criminal history background reports regarding me from any liability in connection with the disclosure or receipt of such information for purposes of processing my application for employment with the District. I further acknowledge and understand that any offer of employment to me is contingent upon the receipt, review and evaluation by the District of my criminal history background report.

Legal Authorization to Work in the United States

Further, I acknowledge and understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and their legal authorization to work in the United States. As a consequence, I acknowledge and understand that any offer of employment to me is contingent on my ability to produce the required documentation within the time period required by law.

Personnel File/False or Misleading Statements

Further, I acknowledge, understand and agree that if I should be employed by the District, my application for employment and other related information as deemed appropriate for retention, will become a permanent part of my personnel file.

Further, I acknowledge, understand and agree that any representations, omissions, or statements made by me during the pre-employment application and screening process which are subsequently discovered to be false or misleading, upon the discovery thereof will result in my discharge.

Waiver/Release of Written Notice of Disclosure

Further, I waive written notice of the disclosure of any disciplinary reports, reprimands, and/or personnel actions from my current and former employer(s). This waiver shall be inclusive of a waiver or rights under Section 6(3) of the Bullard-Plawecki Employee Right to Know Act.

Further, I release any person or entity providing information and/or documents concerning my character, reputation, work and work experience record(s), disciplinary record(s) (including, but not limited to, record(s) of unprofessional conduct), academic record(s) to the District’s investigating employees or agents pursuant to the pre-employment investigation related to my consideration for employment with the District which I authorize by my signature below.

I further acknowledge, understand and agree that the subheadings of this document are not intended to limit or otherwise restrict or expand interpretation of this document.

PLEASE READ CAREFULLY; THIS DOCUMENT CONTAINS A RELEASE.

Date: _____

(Full Name of Applicant – Please Print)

Witness: _____

(Signature of Applicant)