



APPLICATION FOR EMPLOYMENT

Personal Information

First Name	Middle Initial	Last Name		
Present Address	City	State	Zip Code	Telephone
Permanent Address	City	State	Zip Code	Telephone
E-Mail: _____ (Example: jdoe@hotmail.com)		If no email, please check box <input type="checkbox"/>		

Education Background

Name and Location of Graduating High School	Years Attended	Graduated? (yes/no)	Course of Study

Name of College or University	Years Attended	Hours Earned	Degree Earned	Date of Degree	Major	Minor

Technical/Vocational/Misc. Training	Type of Certification/Endorsement/License	Dates Valid

Menominee County Intermediate School District is an Equal Opportunity Employer/Educational Institute. It is the policy of the Menominee County Intermediate School District that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment. For information contact the Superintendent's Executive Secretary at the MCISD, 1201 41st Avenue, Menominee, MI 49858 (906) 863-5665.

Employment History: List previous employment experience; begin with your current or most recent former employer. Include any job-related military service, assignments and volunteer activities. This information must be complete in order to process this application.

Employer:		
Address:		
Phone Number(s):		
Job Title:		
Dates Employed	From:	To:
Hourly Rate/Salary	Starting:	Final:
Reason for Leaving:		

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Address:		
Phone Number(s):		
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Reason for Leaving:		

References: Name three persons not related to you who can provide information about your work performance, attendance, character, etc.

Name	Address	Phone Number(s)	Years Acquainted

Additional Information

How Did You Learn About Us?

- Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Position You Are Seeking: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___Yes ___No
 If yes, give date _____

Have you ever filed an application with us before? ___Yes ___No

Are you currently employed? ___Yes ___No

May we contact your present employer? ___Yes ___No

On what date would you be available to work? _____

Can you travel if a job requires it? ___Yes ___No

Have you been convicted of a felony within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain: _____

Applicant's Statement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or interview(s) shall be considered sufficient cause for dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that unless this application is completed in detail it will not be considered. I understand this application is for Menominee County ISD and will not be returned, nor its contents borrowed and shall be considered active for a period of time not to exceed 45 days. I certify that I can perform the essential elements of the job for which I am applying. I understand that the Menominee County ISD is required by law to conduct a criminal background check to determine acceptability for employment. If I am offered a position with the district, I will fulfill the requirements for a completion of a criminal records check through the Menominee County ISD. I hereby waive any right that I may have against any person contacted by Menominee County ISD including former employees who provide information concerning this application and I release each said person from liability for providing information.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview: Yes _____ No _____

Remarks _____

INTERVIEWER

DATE

Employed: Yes _____ No _____

If yes, please complete the following:

Job Title: _____ Dept: Gen. Ed _____ Spec. Ed _____

Part-time _____ Full-Time _____ Contracted Services _____ MCISDEA _____

Expected Starting Date: _____ Hourly Rate/Salary _____

Completed by: _____

NAME AND TITLE

DATE

NOTES: _____
