



UNION COUNTY-COLLEGE CORNER JOINT SCHOOL DISTRICT

107 Layman Street, Liberty, Indiana 47353

Phone: 765-458-7471

Fax: 765-458-5647

APPLICATION FOR NON-CERTIFIED EMPLOYMENT

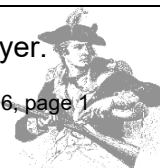
Thank you for your interest in our school district. While we understand that the task is never complete, our district goal of putting "Kids First" continually motivates us to strive for educational excellence. If our goal is one that you share, please thoroughly and legibly complete this application. We'd love to speak with you more about your commitment to children.

Name:	Date:
Street Address:	Social Security Number:
City:	State & Zip:
Home Telephone Number:	Work Telephone Number:
Cell Phone Number:	E-mail Address:
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

TYPE	NAME & LOCATION	COURSE of STUDY	YEARS ATTENDED & COMPLETED	DEGREE or DIPLOMA & YEAR
Elementary & Middle				
High				
College or University				
Technical Training				
Post-graduate				
Special Training				
Other				
Other				
Child or School Training				

Union County-College Corner Joint School District is an equal opportunity employer.



EMPLOYMENT RECORD

COMPANY NAME	KIND OF WORK	DATES of EMPLOYMENT	RATE OF PAY	REASON for LEAVING

Type of work desired:

Desired pay:

Do you have any relatives who are employed by this school district?

☐

Yes

☐

No

Is there any information we would need about your name or your use of another name for us to be able to check your work record?

If Yes, please explain.

☐

Yes

☐

No

Have you ever been convicted of an alcohol-related driving offense?

☐

Yes

☐

No

Have you ever been convicted of an offense for the misuse of drugs or alcohol?

☐

Yes

☐

No

Have you ever been convicted of a felony?

☐

Yes

☐

No

MILITARY SERVICE RECORD

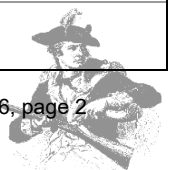
Branch of Service

Rank & Type of Service

Training & Experience Received

REFERENCES (Other than relatives)

NAME OF REFERENCE	PHONE NUMBER	OCCUPATION	YEARS KNOWN



U
C
C
C
C
J
S
D

Please list any additional information that relates to your ability to perform the job for which you have applied – such as licenses, professional memberships, and hobbies.

- I understand that the employer follows an employment-at-will policy.
- I understand that I or the employer may terminate my employment at any time for any reason consistent with applicable state or federal law.
- I understand that this application is not a contract of employment.
- I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.
- I understand that the school district will thoroughly investigate my work and personal history and will verify all data given on this application, on related papers, and in interviews.
- I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.
- I authorize, being aware of the provisions of Public Law 93-380, to provide a waiver of the provisions listed herein.
- I grant authorization to the Union County-College Corner Joint School District to check my employment from any of my present or former employers, supervisors, or co-workers; reference checks; personal credit check and to seek the release of investigatory information, including a "limited criminal history" possessed by any private or public employers, or local, state, or federal agencies to provide the Union County-College Corner Joint School District any information they may release concerning the matter described herein, and will cooperate to the extent necessary to obtain the release of this information.
- I expressly waive, in connection with any request for, or provision of such information any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the Union County-College Corner Joint School District, its officials, employees, trustees, or agents, any individual, corporate, and/or agency provider of such information. I have read this authorization and release of all claims, and expressly agree to the terms set out herein.

Signature _____

Date _____

OTHER QUESTIONS

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of inappropriate sexual activity, mishandling of funds, or criminal conduct? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Have you ever been charged with or investigated for physical or sexual abuse of another person? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Have you ever been charged with, pleaded "guilty" or "no contest" to, or been convicted of any crime involving sexual abuse of any person, or any other crime of moral turpitude? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Have you ever been convicted of a misdemeanor and/or felony, or ever entered a plea of "guilty" or a plea of "no contest," or has any court ever deferred further proceedings without entering a finding of guilty or place you on probation for any crime? |

If you answered "Yes" to any one of the previous six (6) questions, please attach a written explanation, including the date of the incident, charges, any court action taken, the offense in question, and the address of any court involved.

- I understand that any false or misleading information on this application shall be fully sufficient grounds to refuse employment and/or to terminate employment.

Signature _____

Date _____

