



UNION COUNTY-COLLEGE CORNER JOINT SCHOOL DISTRICT

107 Layman Street, Liberty, Indiana 47353

Phone: 765-458-7471

Fax: 765-458-5647

★★★ APPLICATION FOR ★★★ ADMINISTRATIVE 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.

Union County-College Corner Joint School District does not discriminate in hiring or employment on the basis of race, color, sex, disability, religion, or national origin. No question on this form is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be interviewed or employed.

Name:	Date:
Street Address (to assure contact, if necessary):	Social Security Number:
City:	State & Zip:
Home Telephone Number:	Work Telephone Number:
Cell Phone Number:	E-mail Address:
Earliest Date Available for Work	
Indiana Teacher Retirement Fund Number	
Are you currently under contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADMINISTRATIVE POSITION SOUGHT
1.
2.
3.

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

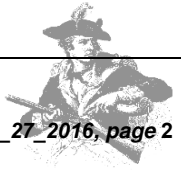


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E D U C A T I O N					
TYPE	NAME & LOCATION	DATES ATTENDED	DEGREE EARNED	MAJOR & HOURS	MINOR & HOURS
High School					
College or University					
College or University					
College or University					
Post-graduate					
Special Training					
Additional Training					
Other					
Other					

P R O F E S S I O N A L E X P E R I E N C E			
SCHOOL SYSTEM NAME	DATES of EMPLOYMENT	POSITION & RESPONSIBILITIES HELD	SUPERVISOR'S NAME & CONTACT INFORMATION
STUDENT TEACHING SCHOOL PLACEMENT	DATES of EXPERIENCE	SUBJECTS OR GRADES TAUGHT	SUPERVISING TEACHER & CONTACT INFORMATION
Total years of public school work experience (not including student teaching):			
Total years of public school administrative experience:			

E D U C A T I O N A L C E R T I F I C A T I O N				
TYPE, KIND, AND/OR GRADE OF LICENSE	STATE	EXPIRATION DATE	NUMBER	SUBJECTS, GRADES, AND/OR ENDORSEMENTS



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OTHER WORK EXPERIENCES			
TYPE OF WORK	PLACE OF EMPLOYMENT	DATES OF EMPLOYMENT	SUPERVISOR'S CONTACT INFORMATION

HONORS, MEMBERSHIPS, & ACTIVITIES

List honors, awards, commendations, elective or appointive offices held, or other distinctions received. List memberships and affiliations and community activities. Clarify as necessary.

REFERENCES

These should be five (5) individuals qualified to evaluate your personal, teaching, and administrative qualifications. Include administrators, supervisors, employers, teacher leaders, college professors, or others familiar with your professional abilities.

NAME OF REFERENCE	PHONE NUMBER	OCCUPATION	YEARS KNOWN

OTHER DATA

List special abilities (musical, artistic, athletic, oratorical, etc.).

List extracurricular high school, college, and community activities.

List professional, honorary, and service organization memberships.





ADDITIONAL QUESTIONS

- Yes No 1. Do you have any relatives who are employed by this school district?
- Yes No 2. Is there any information we would need about your name or your use of another name for us to be able to check your record?
- Yes No 3. Have you ever been convicted of an alcohol-related driving offense?
- Yes No 4. Have you ever been convicted of an offense for the misuse of drugs or alcohol?
- Yes No 5. Have you ever been convicted of a felony?
- Yes No 6. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?
- Yes No 7. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
- Yes No 8. 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?
- Yes No 9. Have you ever been charged with or investigated for physical or sexual abuse of another person?
- Yes No 10. 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?
- Yes No 11. 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 ten (10) 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.
- 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 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 _____

