



MASON CONSOLIDATED SCHOOLS

Human Resources Department
2400 Mason Eagles Drive
Erie, Michigan 48133
734-848-9301

Mason Eagles....Soaring to Excellence

POSITION APPLIED FOR

NAME: LAST FIRST M.I.

DATE

APPLICATION FOR EMPLOYMENT

◀The Mason Consolidated School District is an Equal Opportunity Employer▶

INSTRUCTIONS TO APPLICANT

1. Fill out entire application including information at the top of the page.
2. **All Applicants:** As a final step to hiring, you will be required to complete an Application for Employment form, a signed Authorization to Release Information, and a signed Criminal History Release Form.
3. **All Teacher and Administrative Applicants:** A completed application file should include an official college transcript(s), a copy of your certificate(s), college placement credentials, at least three letters of recommendation, and a resume.
4. Filing an Application for Employment does not imply you will be interviewed or hired but that you will be considered for vacancies based upon the stated occupational preference or other suitable position identified.
5. Applications are kept by the Human Resources Department for one year.

Address: _____
Street City, State and Zip E-mail Address

Telephone: () _____ When can you begin working? _____

If you have worked under another name(s), please indicate: _____

Are you a U.S. Citizen? Yes No If no, give visa type and immigration number: _____

◀Education/Training/Apprenticeship Information (include Armed Forces Training)▶

| Name and Location | Degree Completed | Degree/ Date | Credit Hrs Beyond Degree | Graduation |
|--------------------|------------------|--------------|--------------------------|--|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College/University | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College/University | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

College/University Major: _____ Minor: _____

Do you hold a valid Teaching Certificate? Yes No *If yes: Michigan* *Other* _____ *Expiration Date:* _____
 (State)

Approvals, Annual Authorizations; Special Education- Disability Area(s): _____

List other valid licenses, certificates, professional registrations you hold: _____

Have you ever been granted **Michigan** Teacher Tenure? Yes No *If yes, name of school district:* _____

Are you presently under contract with another employer? Yes No *If yes, name of employer:* _____

Have you ever worked for Mason Schools before? Yes No *If yes, when:* _____ *Position:* _____

Have you ever received disciplinary suspension or been discharged from a position? Yes No *If yes, please explain:* _____

Have you ever been convicted of a misdemeanor or felony? Yes No *If yes, list when, where and nature of offense:* _____

I agree to permit the District to run a criminal history record search to be performed by the Michigan State Police and FBI. Yes No

If applying for a position requiring a Michigan drivers/chauffeurs license, please provide license number: _____

Do you have a relative employed by Mason Schools? Yes No *If yes, give name(s):* _____

Employment History – *Please begin with your last employer and fill out completely.*

| <u>Employer Name, Address</u> | <u>Job Duties</u> | <u>Employment Dates</u> | <u>Reason for Leaving</u> | <u>Last Salary</u> |
|--|-------------------|-------------------------|---------------------------|--------------------|
| 1. Supervisor : _____ Telephone: _____ | | From: To: | | |

| <u>Employer Name, Address</u> | <u>Job Duties</u> | <u>Employment Dates</u> | <u>Reason for Leaving</u> | <u>Last Salary</u> |
|--|-------------------|-------------------------|---------------------------|--------------------|
| 2. Supervisor : _____ Telephone: _____ | | From: To: | | |
| 3. Supervisor : _____ Telephone: _____ | | From: To: | | |
| 4. Supervisor : _____ Telephone: _____ | | From: To: | | |

References: *List personal or business references other than prior employers and relatives. Please note your relationship to reference.*

1. _____

2. _____

Emergency Contact: *Please list a name, relationship and number for emergency purposes.*

Name: _____ Relationship to Applicant: _____

Daytime Phone Number: _____

Do we have your permission to contact employers, including your present employer, schools and references listed? Yes No
If no, please explain: _____

I represent that each answer to questions and all other information furnished is true and correct. I further represent that such answers and information are a full and complete disclosure of my knowledge regarding the information sought by Mason Schools. I understand that any incorrect, incomplete or false statements or information furnished by me may void this application or subject me to discharge at any time after employment. I authorize Mason Schools to make any investigations of my personal or employment history and authorize any and all former employers, including the Mason Schools, any person, firm, corporation, credit agency or government agency to give any information they may have regarding me to any prospective employer. In consideration of the review of my application or providing information to a prospective employer, I release the Mason Schools and all providers of information from any liability as a result of furnishing and receiving this information.

Signature of Applicant: _____ Date: _____

Mason Consolidated School District will comply with Titles VI and IX of the Civil Rights Act and with Section 504 of the Rehabilitation Act of 1973, as amended. No person, on the grounds of race, color, sex, national origin, handicap will be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity. The Mason Consolidated School District will comply with the Michigan Persons with Disabilities Civil Rights Act and all applicable state and federal laws regarding employment and utilization of educational facilities without discrimination because of religion, race, color, national origin, height, weight, marital status or disability.

For Office Use Only:

- Original Transcript I-9 Bloodborne Fingerprinting Permit Previous Employer Check Entered into SEMS
 Teaching Certificate Other Certificate