

# ALGONAC COMMUNITY SCHOOLS

1216 St. Clair Boulevard  
Algonac, MI 48001  
(810) 794-9364

## General Employment Application

Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Part time \_\_\_ Full time \_\_\_ Substitute \_\_\_

**Please Print:**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Street Address City State Zip Code

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Business /Other (\_\_\_\_\_) \_\_\_\_\_

Have you ever applied for employment with us? Yes\_\_\_ No\_\_\_ If yes, what month and year?\_\_\_\_\_

Are you currently employed? Yes\_\_\_ No\_\_\_ If yes, may we contact your employer? Yes\_\_\_ No\_\_\_

If hired, when would you be available to start? \_\_\_\_\_

**Personal Data:**

Are you 18 years of age or older? Yes\_\_\_ No\_\_\_ Are you a citizen of the U.S.? Yes\_\_\_ No\_\_\_

Birthplace \_\_\_\_\_

Have you ever served in the Armed Forces of the U.S.? Yes\_\_\_ No\_\_\_

Branch of Service \_\_\_\_\_ Entry Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ Highest Rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? Yes\_\_\_ No\_\_\_

If so, give details \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_  
Name Telephone No.

<b>PERSONAL REFERENCES</b>			
Name & Occupation	Address	Phone Number	Position

EDUCATIONAL DATA			
Name of school, city & state	Circle last year completed	Did you graduate?	Diploma, Degree or Certificate
High School:	9 10 11 12	Yes ___ No ___	
College:	1 2 3 4	Yes ___ No ___	
College:	1 2 3 4	Yes ___ No ___	
Trade School or other:	1 2 3 4	Yes ___ No ___	

EMPLOYMENT EXPERIENCE					
List below your last three (3) employers. Begin with your most recent employment first.					
Name/Address of Employer	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Reason for leaving	Name of Supervisor

Please read all of the following carefully before signing. Your signature indicates that you expressly agree with all of the following:

"I have made application for employment with the Algonac Community School District. I hereby authorize the Algonac Community School District to make a thorough investigation of my past employment. I also authorize my previous employers to release to the Algonac Community School District any and all information and records which they may have, personal or otherwise, concerning my previous employment. I also release all parties from any liability from any damages which may result from furnishing such information. By way of example, but not by way of limitation, I also authorize the Algonac Community School District to request and my previous employers to disclose any information about my attendance, punctuality, work performance, knowledge of subject matter and ability to relate to others. I understand that making any misleading or untruthful statement on this application may result in my dismissal if I am appointed. If accepted for employment, I understand that this application will become a permanent part of my personnel record. I also understand that employment is subject to an entrance physical examination including drug and alcohol testing, and also a background check with law enforcement agencies."

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

#### Application Retention

This application will be kept on file for a period of at least one year from the date of application. Thereafter, it must be renewed if further consideration for a position is desired. Applicants are encouraged to notify the Personnel Office when interested in specific job postings to ensure their application will be pulled from the file for consideration.

#### AN EQUAL OPPORTUNITY EMPLOYER

The Algonac Community School District is an equal opportunity employer and is in compliance with all Federal and State non-discrimination laws and regulations including ADA, Title 1, Title VI, Title IX, and Section 504. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, height, weight, political affiliation or belief, or the presence of a non job-related medical condition or handicap.

Auxiliary aids and services are available upon request to individuals with disabilities.

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