

**NORTH DICKINSON COUNTY SCHOOL DISTRICT
W6588 M69
FELCH, MI 49831
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: If no E-mail, please check box <input type="checkbox"/> (Example: jdoe@provider.net)				
For what job(s) are you applying?				

Education Background

Name and Location of Graduating High School	Years Attended	Date of Graduation	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

North Dickinson County School District is an Equal Opportunity Employer/Educational Institute. It is the policy of the North Dickinson County School District that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, 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, activity, service or in employment. For information contact the Superintendent's Secretary at the North Dickinson County School District, W6588 M69., Felch, MI 49831 (906) 542-9281.

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:

Telephone Number(s):

Job Title:

Dates Employed

From:

To:

Hourly Rate/Salary

Starting:

Final:

Reason for Leaving:

Employer:

Address:

Telephone Number(s):

Job Title:

Dates Employed

From:

To:

Hourly Rate/Salary

Starting:

Final:

Reason for Leaving:

Employer:

Address:

Telephone Number(s):

Job Title:

Dates Employed

From:

To:

Hourly Rate/Salary

Starting:

Final:

Reason for Leaving:

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 North Dickinson County School District 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 North Dickinson County School District 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 North Dickinson County School District. I hereby waive any right that I may have against any person contacted by North Dickinson County School District 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 PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes _____ No _____

Remarks _____

INTERVIEWER DATE

Employed Yes _____ No _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

