

**AOS #77, SUNRISE COUNTY SCHOOL SYSTEM
P O BOX 190
EASTPORT, ME 04631
(207) 853-2567**

APPLICATION FOR SUPPORT STAFF POSITION

AOS #77 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Date _____ For the position of: _____ School: _____

Name: _____
First
Middle
Last

Address: _____

City: _____ State _____ Zip _____ Telephone _____

E-Mail Address: _____

EDUCATION: Official transcripts, including grades, from all college(s)/university(s) attended must be provided. It is essential that this section be completed accurately.

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL & LOCATION	YEARS ATTENDED	GRADE COMPLETED	YEAR OF GRADUATION
High School				
Trade School				
College				
Other				

WORK EXPERIENCE

Please list below all positions held, employer and dates of employment. **All school units/educational institutions you have worked in must be listed.** In addition, please list any other employers you have worked for in the past ten years. Please account for any gaps in employment on a separate page. It is essential that this section be completed accurately.

Present Employer _____

Address _____

Supervisor _____

Telephone Number _____

Dates Employed From _____ To _____

Describe in detail duties performed: _____

Reason for leaving position _____

(List former employers in order from most recent to least recent)

Previous Employer _____

Address _____

Supervisor _____

Telephone Number _____

Dates Employed From _____ To _____

Describe in detail duties performed: _____

Reason for leaving position _____

Previous Employer _____

Address _____

Supervisor _____

Telephone Number _____

Dates Employed From _____ To _____

Describe in detail duties performed: _____

Reason for leaving position _____

Previous Employer _____

Address _____

Supervisor _____

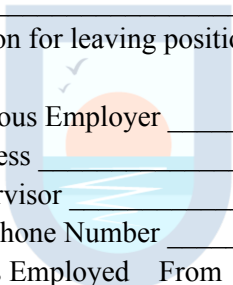
Telephone Number _____

Dates Employed From _____ To _____

Describe in detail duties performed: _____

Reason for leaving position _____

Please explain any gaps in employment history: _____



AOS 77
Sunrise County
SCHOOL SYSTEM

BACKGROUND

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes ___ No ___

Have you ever resigned from a prior position after a complaint had been received against you or while your conduct was under investigation or review? Yes ___ No ___

If applicable, has your contract in a prior position ever been non-renewed? Yes ___ No ___ N/A ___

If applicable, have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes ___ No ___ N/A ___

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes ___ No ___

If you have answered YES to any of the previous questions, provide full details on an additional sheet including, with respect to court actions, the date, offense in question, and the address of the court involved.

REFERENCES: List three, two of whom are your most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency, including but not limited to permitted disclosures from the Department of Education pursuant to 20-A M.R.S. § 13025. I further authorize those persons, agencies or entities that AOS#77 contacts in connection with my employment application to fully provide AOS #77 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation,

emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the AOS #77 its agents and officials or against any provider of such information.

I understand that information submitted with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure. I further understand that truthfulness is required and hereby represent that all the information I have provided is true, complete, and accurate to the best of my ability.

I AGREE AND UNDERSTAND THAT OMITTING ESSENTIAL FACTS OR PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR DURING THE EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY ME OR, IF I HAVE BEEN EMPLOYED, TO IMMEDIATELY DISMISS ME.

Date

Signature

Printed Name

NOTE: ALL EMPLOYMENT APPLICATION MATERIALS BECOME THE PROPERTY OF AOS #77. NONE WILL BE RETURNED. EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY MAINE STATUTE.

Please return this completed application and a copy of your CHRC to:

**AOS #77
P O Box 190
Eastport, ME 04631**