**Application for Employment**

All statements and questions are to be completed. The answers will be confidential.

|  |
| --- |
| **Personal Information** |
| Last Name | First Name | Initial |
|  |  |  |
| Street Address | City & State | Zip Code |
|  |  |  |
| Email Address | Mobile Phone | Home Phone |
|  |  |  |
| **Position Information** |
| What position are you applying for? | When are you available to start? |
|  |   |
| How did you learn of this job opening with OCSN? Please be specific. |
|  |
| Have you ever been employed by OCSN or its affiliates before? |
| Yes ☐ | No ☐ | If yes, please complete the next boxes. If no, skip to *Education & Skills.* |
| Dates employed (Month & Year): |  | to |  |
| Supervisor: |  |
| Reason for termination: |  |
| **Education & Skills****List all high schools, colleges, universities, and special schools attended** |
| Name of School | City & State | Major or Area Studied | Degree or Grade Completed | Year of completion |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **List any other credentials or certifications that you have** |
|  |
| **List additional languages spoken** |
| Language 1: |  | Speaking ability: | Basic working knowledge ☐ | Proficient ☐ | Fluent ☐ |
| Reading ability: | Basic working knowledge ☐ | Proficient ☐ | Fluent ☐ |
| Writing ability: | Basic working knowledge ☐ | Proficient ☐ | Fluent ☐ |
| Language 2: |  | Speaking ability: | Basic working knowledge ☐ | Proficient ☐ | Fluent ☐ |
| Reading ability: | Basic working knowledge ☐ | Proficient ☐ | Fluent ☐ |
| Writing ability: | Basic working knowledge ☐ | Proficient ☐ | Fluent ☐ |
| Describe additional languages & levels of proficiency in speaking, reading, and writing: |

|  |
| --- |
| **Work Experience** **List your most recent employer first** |
| Name of Company | Position Title |
|  |  |
| Company Address (Street, City, State, Zip) | Phone Number with Area Code |
|  |  |
| Supervisor Name | Supervisor Email | Dates Employed (Month & Year) |
|  |  |  | to |  |
| Reason for Leaving | May we contact this employer? |
|  | Yes | ☐ | No | ☐ |
| Name of Company | Position Title |
|  |  |
| Company Address (Street, City, State, Zip) | Phone Number with Area Code |
|  |  |
| Supervisor Name | Supervisor Email | Dates Employed (Month & Year) |
|  |  |  | to |  |
| Reason for Leaving | May we contact this employer? |
|  | Yes | ☐ | No | ☐ |
| Name of Company | Position Title |
|  |  |
| Company Address (Street, City, State, Zip) | Phone Number with Area Code |
|  |  |
| Supervisor Name | Supervisor Email | Dates Employed (Month & Year) |
|  |  |  | to |  |
| Reason for Leaving | May we contact this employer? |
|  | Yes | ☐ | No | ☐ |
| **References** **List up-to-date contact information of 3 professional references. Do not list family members or personal friends. You must include at least ONE former supervisor as a reference.** |
| Name | Professional Relationship | Organization Name | Years Known |
|  |  |  |  |
| Address | Email Address | Phone Number |
|  |  |  |
| Name | Professional Relationship | Organization Name | Years Known |
|  |  |  |  |
| Address | Email Address | Phone Number |
|  |  |  |
| Name | Professional Relationship | Organization Name | Years Known |
|  |  |  |  |
| Address | Email Address | Phone Number |
|  |  |  |

|  |
| --- |
| **Criminal History** |
|  |  |  |
| I (applicant),  |  | (print your name), represent that (check one): |
|  |
|  | I have not been convicted of, or pled guilty to nolo contendere (no contest) to any crimes. |
|  |
|  |
|  | **OR** |  |  |
|  |
|  | I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain the nature of the conviction, date of occurrence and court). Please include information on felonies or misdemeanors: |
|  |
|  |
|  |  |  |
|  |  |
|  |  |  |
|  |  |
|  |  |  |
|  |
| I understand and agree that pursuant to Public Act 68 of 1993 and Public Act 83 of 1995:1. the School Board of Ottawa Area Intermediate School District and Ottawa Community Schools Network must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police and the Federal Bureau of Investigation (F.B.I.);
2. until that report is received and reviewed by Ottawa Community Schools Network , I am regarded as a conditional employee; and
3. if the report received from the Department of State Police is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of the Ottawa Area Intermediate School District/School Board and Ottawa Community Schools Network.
4. I understand that I may authorize any criminal background check results received since January 1, 2006, to be shared with other school districts within the State of Michigan. I further understand that I am statutorily required to report to the Ottawa Community Schools Network any criminal arrest(s) and convictions(s) that may have occurred since the date of my most recent criminal background check. Failure to report such arrest(s) and/or conviction(s) will nullify my contract with Ottawa Community Schools Network.
 |

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:**

I authorize Ottawa Community Schools Network and/or Greater Ottawa County United Way. to make any investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, or government agency to give the court records, criminal justice records, education records, records of scholastic achievement and attendance, employment records, or personnel records.

This authorization to obtain records and information is not intended to permit the release of my medical records, medical information contained in my employment or education records, or information relating to any worker’s compensation claims that may have been filed in conjunction with any prior employment.

I release Ottawa Community Schools Network and organizations from the OCSN governance team of information from any liability as a result of furnishing and receiving this information. I also agree that a copy of this release and waiver form is as effective as the original.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on Ottawa Community Schools Network. I understand this decision is to rest with Ottawa Community Schools Network.

If employed, I agree to hold in strictest confidence any information concerning Ottawa Community Schools Network, its Insureds, and its Agents, which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of Ottawa Community Schools Network. I understand that my employment and compensation can be terminated, with two weeks notice, at any time, at the option of either Ottawa Community Schools Network or myself. I understand that no representative of Ottawa Community Schools Network, other than the Director or his or her designee, has the authority to enter into any agreement for the employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this Application for Employment does not guarantee that I have been employed by Ottawa Community Schools Network.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Application for Employment may result in my not being considered for employment, and if not discovered by Ottawa Community Schools Network until after my becoming employed, is grounds for, and may result in, my immediate termination. Furthermore, I understand that my employment with Ottawa Community Schools Network is contingent upon positive references from previous employers and receipt of official transcripts.

By signing below, I also hereby authorize such a records check and agree to pay the fee charged by the Michigan State Police and any additional fees associated with an F.B.I. check.

|  |  |
| --- | --- |
| **Type name (serves as your signature):** |  |
|  |  |  |  |  |
| **Date:** |  |