



Homer Community Schools

403 South Hillsdale Street

Homer, MI 49245

Phone: 517-568-4461

Fax: 517-568-4468

Website: www.homerschools.net

Application for Employment

Homer Community Schools is an Equal Opportunity Employer and ensures equal employment opportunities regardless of race, creed, sex, color, national origin, religion, age, sexual orientation or disability. Any individual needing assistance in making application for any opening should contact the superintendent's office at 517-568-4461.

This application automatically expires after one calendar year unless the applicant renews it by contacting the superintendent's office.

Position Applying for:

- Secretary/Clerical
 Administrator
 Teacher
 Aide/Para-Pro
 Other
 Maintenance
 Food Service
 Coach
 Bus Driver

Please Specify

PLEASE ATTACH A CURRENT RESUME TO THIS APPLICATION

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address (optional)		
If you have worked under another name(s), please list:			
Please list most recent previous address:			
Date Available			Desired Salary
Who advised you to seek employment with Homer Community Schools?			

GENERAL INFORMATION

Are you legally authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been discharged or requested to resign from a position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, attach an explanation
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, attach an explanation
Have you ever had a certificate or license revoked or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, attach an explanation
Are any criminal charges or proceedings pending against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, attach an explanation

EDUCATION				
High School		Location		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Location		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Graduate School		Location		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Business or Trade		Location		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Location		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references. (Not Relatives)</i>	
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

EMPLOYMENT HISTORY*Please begin with your most recent employer.*

School or Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$	Ending Salary \$		
Responsibilities					
From	To	Reason for Leaving			
May we contact your supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
School or Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$	Ending Salary \$		
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
School or Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$	Ending Salary \$		
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

CERTIFICATION DATA (TEACHING AND ADMINISTRATIVE POSITIONS)

Do you possess a valid teaching certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State	Date Granted	Expiration Date
Type:					
Do you possess a valid administrator certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State	Date Granted	Expiration Date
Type:					
In what areas do you hold certification?					
Full <input type="checkbox"/>	Temporary <input type="checkbox"/>	Annual <input type="checkbox"/>	Emergency <input type="checkbox"/>		
Have you ever had a teaching certificate suspended or revoked in Michigan or any other state?					
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, indicate the date and what state suspended or revoked your certificate:			
Type:					

SKILLS/EXPERIENCE: (OFFICE STAFF ONLY)

List below your office skills and experience including knowledge of computer software, office machines, e-mail, Internet, etc.

DESCRIBE THE SKILLS OR ATTRIBUTES YOU POSSESS THAT WOULD HELP YOU IN THIS POSITION.

EXPERIENCE WORKING WITH STUDENTS

List experience you have had working with young people, such as Scout work, summer camps, etc.

ACTIVITIES, ACCOMPLISHMENTS OR OTHER FORMS OF PROFESSIONAL INVOLVEMENT:

List any activities, accomplishments or other forms of professional involvement that you believe should be considered in assessing your qualifications for the position for which you have made application.

AUTHORIZATION AND RELEASE - PLEASE READ CAREFULLY, THIS DOCUMENT CONTAINS A RELEASE

I certify that the information given on this application and in any other supporting documentation and resume is true and correct. I understand that any false information and/or willful or negligent failure to disclose any requested information will constitute sufficient grounds to terminate my employment without notice.

I authorize my previous employers, schools, and persons named as references to give any information regarding my employment together with information they may have regarding me, whether or not it is in their records. I agree that Homer Community School District and its employees and my previous employers and their employees shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of false statements, answers, or omissions made by me in this application.

I hereby release said employers, schools, or persons from all liability for any damages whatsoever for issuing this information. I agree to submit to fingerprinting and a criminal background check and understand that provided the Homer Community School District wishes to hire me, my employment by the Homer Community School District depends upon the results being acceptable to the Homer Community School District.

Signature

Date

Witness
Signature

Date

PLEASE SIGN IN THE PRESENCE OF A WITNESS

HOMER COMMUNITY SCHOOLS

APPLICANT ACKNOWLEDGEMENT, AUTHORIZATION, CONSENT, AND RELEASE FOR PRE-EMPLOYMENT INVESTIGATION

PLEASE READ CAREFULLY, THIS DOCUMENT CONTAINS A RELEASE

I, the undersigned applicant for employment with the Homer Community School District, authorize my current/former employer(s) to disclose any unprofessional conduct by me and to make available to the Homer Community School District copies of all documents, which relate to any unprofessional conduct in my personnel records maintained by my current or former employer(s).

I understand that this authorization and release applies to any act of "unprofessional conduct" as that term is defined in Section 1230b of the Revised School Code, meaning "one or more acts of misconduct; one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor; or commission of a crime involving a minor." (A criminal conviction is not an essential element of determining whether or not a particular act constitutes "unprofessional conduct.")

In addition, I release my current or former employer(s) and their employees acting on their behalf from all liability for providing the information described in the authorization to Homer Community School District.

Finally, I waive the right to receive written notice (specified by Section 6 of the Bullard-Plawecki Employee Right to Know Act) from my current or former employer(s) for the disclosure of the information described in the authorization to Homer Community School District.

Signature

Date

Witness
Signature

Date

PLEASE SIGN IN THE PRESENCE OF A WITNESS