

Bluffton-Harrison M.S.D.

805 East Harrison Street

Bluffton, Indiana 46714

Office: (260) 824-2620

Fax: (260) 824-6011



Certified Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: ()

E-mail Address:

Date Available:

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for BHMSD? YES NO If yes, what position and when?

Have you ever been charged or convicted of a felony? YES NO

If yes, explain:

NOTE: You will be required to provide a criminal history check as a condition of employment

Education

College: _____ Address: _____

From: _____ To: _____ Degree: _____

Licenses: _____ Subject: _____

Expiration Date: _____ Grades covered: _____ Number: _____

Licenses: _____ Subject: _____

Expiration Date: _____ Grades covered: _____ Number: _____

References

Please list three professional and/or personal references.

Full Name: _____ Relationship: _____

Email: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: ()

Address: _____

Bluffton-Harrison M.S.D.

Student Teaching Experience

School Corporation:

Phone: ()

Address:

Supervising Teacher:

Course(s) Taught:

Building Principal:

Responsibilities:

From:

To:

Additional Information

Please provide any additional employment, training, or autobiographical information that will assist us in arriving at an estimate of your qualifications.

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Previous Employment

Employer: _____ 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 NO

Employer: _____ 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 NO

Employer: _____ 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 NO

Additional Job Skills

What specific skills or experiences do you have which would qualify you for this position:

Describe your decision making process:

Describe your classroom/teaching style:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview maybe grounds for rejection or dismissal.

Signature: _____ Date: _____

Return to: Bluffton-Harrison M.S.D., 805 East Harrison St, Bluffton, IN 46714

Bluffton-Harrison M.S.D. does not discriminate on the basis of religion, race, color, national origin, sex, disability, age, marital status, genetic information, or any other legally protected characteristic, in its programs and activities, including employment opportunities.