



Charles A. Beard Memorial Schools

8139 W. U.S. 40
Knightstown, IN 46148
(765) 345-5101

FOR PERSONNEL USE ONLY

Date received _____

Date interviewed _____

By _____

At _____

Credentials _____

Certifications _____

Certified Personnel Employment Application

Applicant Information

Date: _____ Position applying for _____

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Telephone Number(s): () _____ E-mail: _____

Have you served in the military? ☐ YES ☐ NO If so, date of induction and discharge _____

State of Indiana License

License number(s) _____

Certification Area(s) and Grade Level(s): _____

Are you currently employed: ☐ YES ☐ NO

If yes, where _____

Current Salary: _____

Why are you interested in leaving your current employment? _____

May we contact your present employer? ☐ YES ☐ NO

If yes, name and telephone and/or e-mail address of your direct supervisor:

Name _____ Phone _____ E-mail _____

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments or volunteer activities.

☐

We respect your time applying for a position with C.A. Beard Memorial Schools. If you have all the employment experience information requested listed on a vita or resume that you are including with this application, please check this box and skip on to the next section.

Job Title/Position: _____

Employer: _____

Address: _____

Direct Supervisor _____

Telephone Number(s): _____

Date Range of Employment _____

Reason for Leaving: _____

Job Title/Position: _____

Employer: _____

Address: _____

Direct Supervisor _____

Telephone Number(s): _____

Date Range of Employment _____

Reason for Leaving: _____

Job Title/Position: _____

Employer: _____

Address: _____

Direct Supervisor _____

Telephone Number(s): _____

Date Range of Employment _____

Reason for Leaving: _____

Education

☐

We respect your time applying for a position with C.A. Beard Memorial Schools. If you have all the education related information requested listed on a vita or resume that you are including with this application, please check this box and skip on to the next section.

High School

Name of high school you graduated from: _____

Year of graduation _____

College/University

Bachelor's Degree

Name of College or University _____

Major/Minor _____ Year of Graduation _____

City/State of University: _____

Other Colleges or Universities attended for undergraduate coursework: _____

Master's Degree

Name of College or University _____

Major _____ Year of Graduation _____

City/State of University: _____

Other Colleges or Universities attended for Master's level coursework: _____

Ed.S.

Name of College or University _____

Major _____ Year of Graduation _____

City/State of University: _____

Other Colleges or Universities attended for Ed. S. level coursework: _____

Ed. D./PH.D.

Name of College or University _____ Year of Graduation _____

City/State of University: _____

Major _____ Cognate(s) _____

Title of dissertation or research study _____

Please indicate your current level of knowledge/skill with each listed program or concept utilizing the following scale:

1 - Not familiar with 2 - Have heard of but never used 3 - Slightly familiar with use 4 - Proficient user 5 - Could teach others

8 Step Process	1	2	3	4	5	Learning Calendars	1	2	3	4	5
90 Minute Reading Block	1	2	3	4	5	Lexile Scores	1	2	3	4	5
Accelerated Math	1	2	3	4	5	Marzano's Instructional Practices	1	2	3	4	5
Acuity	1	2	3	4	5	mClass	1	2	3	4	5
BIP's	1	2	3	4	5	Michael Clay Thompson Curriculum	1	2	3	4	5
Common Core Standards	1	2	3	4	5	Microsoft Outlook	1	2	3	4	5
Compacting Curriculum	1	2	3	4	5	Mobile Learning Devices	1	2	3	4	5
CPR	1	2	3	4	5	NWEA	1	2	3	4	5
DIBELS	1	2	3	4	5	Orton-Gillingham	1	2	3	4	5
Differentiated Instruction	1	2	3	4	5	PLATO	1	2	3	4	5
ESL/Migrant Education	1	2	3	4	5	Professional Learning Communities	1	2	3	4	5
Excel	1	2	3	4	5	Reading Counts	1	2	3	4	5
FBA's	1	2	3	4	5	Rtl	1	2	3	4	5
Formative Assessment	1	2	3	4	5	Smart Boards	1	2	3	4	5
Harmony Student Management	1	2	3	4	5	Socratic Seminars	1	2	3	4	5
IEP's	1	2	3	4	5	Star Math	1	2	3	4	5
iObservation	1	2	3	4	5	Voyager	1	2	3	4	5
ISTEP+	1	2	3	4	5	Web 2.0 Tools	1	2	3	4	5
Las Links	1	2	3	4	5	Writer's Workshop	1	2	3	4	5

References

Please provide the name, address, telephone number and e-mail address you would like to include who are not included in the previous employment section yet would have direct knowledge of your character, work ethic, and/or work-related skills

☐ *We respect your time applying for a position with C.A. Beard Memorial Schools.. If you have all the reference information requested listed on a vita or resume that you are including with this application, please check this box and skip on to the next section.*

Name _____ Relationship _____
Address _____
Phone/E-mail _____

Name _____ Relationship _____
Address _____
Phone/E-mail _____

Name _____ Relationship _____
Address _____
Phone/E-mail _____

Professional Status

1. Have you ever been terminated from a job or been asked to resign? ☐ YES ☐ NO

If yes, please provide written explanation including where, date and reason.

2. Within the past five (5) years, have you received an unsatisfactory evaluation from an employer?

☐ YES ☐ NO

If yes, please provide written explanation

3. Do you currently have any pending criminal charges? ☐ YES* ☐ NO

4. Have you ever been convicted of any crime? ☐ YES* ☐ NO

a. If yes, was the charge a felony? ☐ YES* ☐ NO

If yes, what state _____ Year _____ *Please include written explanation*

b. If yes, was the charge a misdemeanor other than a minor traffic violation? ☐ YES* ☐ NO

If yes, what state _____ Year _____ *Please include written explanation*

** A yes answer will not itself automatically exclude an applicant from consideration for employment.*

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE,
COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE MARITAL OR VETERAN STATUS,
THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR
ANY OTHER LEGALLY PROTECTED STATUS.

Acknowledgement of Terms of Application

In making this application for employment, I understand that an investigative report may be made whereby information is obtained through personal interviews and/or third party references, law enforcement agencies, prior employers, co-workers or others. This inquiry may include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I hereby acknowledge that at any time of employment should there be reasonable suspicion established, a sample of my blood and/or urine may be taken and tested for evidence of the consumption of illegal drugs and/or alcohol. I consent to such testing, and hereby release, discharge and waive any and all claims I now or may in the future have against the C.A. Beard Memorial Schools and/or medical personnel related to such tests or the results thereof. I further understand that if an offer of employment is made, I will be required to submit documentation which will verify that I am a citizen or a national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized to be employed in the United States.

I affirm that I have never been convicted, or charged with and had the charges plea-bargained to a lesser offense, of any of the following offenses involving children as defined by the Indiana Code: rape, criminal deviate conduct, child molesting, child exploitation, vicarious sexual gratification, child solicitation, incest, child selling, child seduction, or sexual battery.

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. **I understand that future employment may be terminated if I have misrepresented information submitted.**

Signature

Date

Under new law, IC 20-26-5-10, school corporations are required to have a national criminal history on all employees. You will need to provide Charles A. Beard Memorial Schools with a recent National Criminal History Report (not more than 60 days old). If you do not have a recent National Criminal History, we can run one at a cost.

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with C.A. Beard Memorial Schools. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the C.A. Beard Memorial Schools.**

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By Signing below, I, _____, hereby voluntarily authorize C.A. Beard Memorial Schools to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at C.A. Beard Schools. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)

Drivers License Number

Drivers License State

(For ID Purposes Only)

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years) _____

Signature

Date

Save File

Print Form