



## 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 \_\_\_\_\_

### Non-Certified Personnel Employment Application

Check the area(s) of employment for which you are applying:

☐

Secretarial/Clerical

☐

Custodian

☐

Paraprofessional

☐

Food Service

☐

Bus Driver

☐

Title I Staff

☐

Other \_\_\_\_\_

Check which type of schedule you would like to work: ☐ Full-time; ☐ Part-time; ☐ Substitute

### Applicant Information

Date: \_\_\_\_\_ Specific 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 \_\_\_\_\_

Are you currently employed:

☐☐

If yes, where \_\_\_\_\_

Current Salary: \_\_\_\_\_

Why are you interested in leaving your current employment? \_\_\_\_\_

May we contact your present employer?

☐☐

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.*

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Job Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Direct Supervisor \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Date Range of Employment \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Direct Supervisor \_\_\_\_\_

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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: \_\_\_\_\_

### Screening Questions

What experiences have you had in the past that would qualify you for this position?

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What experiences have you had that show you can work well with children?

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### 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 have in the future against

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.**

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Signature

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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 C. 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, C. A. Beard Memorial Schools can run one at an additional 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 Memorial 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