

CHARLES A. BEARD MEMORIAL SCHOOL CORPORATION
8139 W. US 40
Knightstown, IN 46148
Phone: 765-345-5101 Fax: 765-345-5103
Employment Application
An Equal Opportunity Employer

Note: This application is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration without discrimination because of sex, national origin, age, disability, veteran status, citizenship status, and all other protected groups. A felony conviction will not necessarily bar an applicant from employment. To assure qualification for essential functions of the job, employment may be contingent upon the results of additional testing of your job-related skills, mental/physical abilities, physical condition and for the presence of drugs in your body.

(Please Print or Type)

Date: _____

NAME: _____

(Last)

(First)

(Middle)

ADDRESS: _____

(Street or P.O. Box)

(City)

(State)

(Zip)

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

SPECIFIC POSITION(S) APPLIED FOR (number by first choices):

() Athletic

() Non-Athletic

This application will remain on file for one year from the date of application only; it must be renewed if further consideration for a position is desired.

EDUCATION

SCHOOL	NAME	LOCATION CITY & STATE	DATES ATTENDED	DIPLOMA OR DEGREE
Last High School Attended	_____	_____	_____	_____
Other	_____	_____	_____	_____

EXPERIENCE

FROM	TO	NUMBER OF YEARS	NAME AND ADDRESS OF EMPLOYMENT	IMMEDIATE SUPERVISOR	TYPE OF JOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REFERENCES

FULL NAME OF REFERENCE	POSITION	CITY/STATE/PHONE NUMBER
_____	_____	_____
_____	_____	_____

If you have a relative who works for this District or who serves as a member of the Board of Trustees, please give the name and address:

Moral Turpitude is an act of baseness, vileness or depravity in the private and social duty which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling, and indecency with a minor. Have you ever been convicted of a felony or any offense involving moral turpitude? _____ YES _____ NO

If yes, please explain: _____

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Have you ever been involuntarily terminated from the employment of another school district?

_____ YES _____ NO

If yes, please give the name of the district, the date and the reasons for the termination. _____

Are you aware of any reason you would not be able to perform the duties required for the position for which you are making an application? _____ YES _____ NO

If yes, please explain: _____

OR ALL APPLICANTS

List any additional information you think would be helpful concerning your knowledge, skills and experience related to the job for which you are applying.

Briefly state what you feel you can contribute as an employee for the Charles A. Beard Memorial School Corporation in the position for which you are applying.

Certification and Release:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

Signature

Date

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 Charles A. Beard Memorial School Corporation. **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 Charles A. Beard Memorial School Corporation.** 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 Charles A. Beard Memorial School Corporation 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 Charles A. Beard Memorial School Corporation. 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)
(For ID Purposes Only)

Drivers License Number

Drivers License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years) _____

Signature

Date