WASHINGTON ACADEMY
Since 1792
66 Cutler Road, PO Box 190 • East Machias, ME 04630
(207) 255- 8301 • FAX (207) 255 -8303

Part-Time Floater Custodian — Saturday Athletics & Cafeteria

Name:_____ **Phone:** _____

Address:_____

_____

_ **Email:** _____

Education: High School _____

College_____

Other Education_____

Experience: Please list most recent position first

	Place of Work	Dates	Type of Work
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

References: Please list the names of three persons to contact

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

_____ _____

Date Signature of Applicant

OTHER INFORMATION: The Washington Academy Board of Trustees is committed to conducting a thorough screening of applicants for all positions and requires the completion of the following questions of all candidates.

Have you ever been disciplined, discharged, or asked to resign from a prior position?

Yes _____ No _____

Have you ever been charged with or investigated for sexual abuse of another person?

Yes _____ No _____

Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime other than a minor traffic offense?

Yes _____ No _____

If you have answered "yes" to any of the above, please explain in detail on separate paper.

NOTE: Criminal charges, arrests, or conviction of a crime are not automatic bars to employment.

Any falsification of information or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize any persons, agencies or entities that the Washington Academy Board of Trustees contracts in connection with my employment application to fully provide the Washington Academy Board of Trustees any information requested. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the Washington Academy Board of Trustees, its agents and officials, MSMA, or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to screening and interview committees which will include other than Trustees (i.e. staff, parents, other citizens), and I give my consent thereto.

Confidentiality of application information will be maintained in accordance with Maine statutes. No information will be released to the public without prior notice being made to the candidate.

_____ _____

Date Signature