

Harbor Springs Public Schools

APPLICATION FOR EMPLOYMENT

For Non-Certified Position

The following Information is requested in order to help us make the best possible placement within Harbor Springs Public Schools (HSPS). We appreciate the time you spend in filling in this application form. All information will be treated confidentially.

HSPS, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, height, weight, national origin, family status, marital status, physical or mental handicap, or any other legally protected status.

APPLICATION MUST BE FILLED OUT COMPLETELY (PLEASE PRINT CLEARLY)

Name:			
_____	_____	_____	_____
Last	First	Middle	
Present Address:			
_____	_____	_____	_____
Street	City	State	Zip Code
Home Telephone Number: _____		Alternate Telephone Number: _____	
Are you under 18 years of Age?	Yes	No	Email: _____

<i>Person to be notified in case of emergency:</i>	
Name:	_____
Address:	_____
Telephone Number:	_____

Are you a citizen of the U.S.?	Yes	No
If no, do you have a permit which allows you to work in the U.S.?	Yes	No
(Proof of U.S. Citizenship or Immigration status will be required upon employment.)		

Position Desired: _____ Full-time: _____ Part-time: _____

Salary desired: _____ Date you can start work: _____

Have you ever been convicted of a crime? Yes No

If yes, please describe when, where and what is the nature of the offense:

If there are any felony charges pending against you, please explain when, where and the nature of the charge:

Record of Education

Name & Location	Major Subject	No. of Years	Degree
High School or Prep School:			
University or College:			

**Experience – Business or Professional Record of Last Three Positions
(List places in order starting with present employer first.)**

Name & Address of Employer	Position or Title	Supervisor's Name	Salary Received	Reason for Separation	From Mo/Yr	To Mo/Yr

REFERENCES

List name and telephone number of three (3) personal/business references, who are not related to you:

Name	Telephone Number	Years Known

SPECIAL EMPLOYMENT NOTICE

If an offer of employment is made for a certain classification, a medical examination may be required before beginning employment duties.

Michigan Law prohibits discrimination in employment based on handicap. An applicant or employee requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

AFFIRMATION

I hereby affirm that the information provided on this application (and accompanying résumé, if any) is true and complete to the best of my knowledge, and I understand that falsified information or significant omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Signature

Date