



## APPLICATION FOR EMPLOYMENT

### Personal Information

First Name	Middle Initial	Last Name		
Present Address	City	State	Zip Code	Telephone
Permanent Address	City	State	Zip Code	Telephone
E-Mail: _____ (Example: jdoe@hotmail.com)		If no email, please check box <input type="checkbox"/>		

### Education Background

Name and Location of Graduating High School	Years Attended	Date of Graduation	Course of Study

Name of College or University	Years Attended	Hours Earned	Degree Earned	Date of Degree	Major	Minor

Technical/Vocational/Misc. Training	Type of Certification/Endorsement/License	Dates Valid

Menominee County Intermediate School District is an Equal Opportunity Employer/Educational Institute. It is the policy of the Menominee County Intermediate School District that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment. For information contact the Superintendent's Executive Secretary at the MCISD, 1201 41<sup>st</sup> Avenue, Menominee, MI 49858 (906) 863-5665.

**Employment History:** List previous employment experience; begin with your current or most recent former employer. Include any job-related military service, assignments and volunteer activities. This information must be complete in order to process this application.

**Employer:**

**Address:**

**Phone Number(s):**

**Job Title:**

**Dates Employed**

**From:**

**To:**

**Hourly Rate/Salary**

**Starting:**

**Final:**

**Reason for Leaving:**

**Employer:**

**Address:**

**Phone Number(s):**

**Job Title:**

**Dates Employed**

**From:**

**To:**

**Hourly Rate/Salary**

**Starting:**

**Final:**

**Reason for Leaving:**

**Employer:**

**Address:**

**Phone Number(s):**

**Job Title:**

**Dates Employed**

**From:**

**To:**

**Hourly Rate/Salary**

**Starting:**

**Final:**

**Reason for Leaving:**

**References:** Name three persons not related to you who can provide information about your work performance, attendance, character, etc.

Name	Address	Phone Number(s)	Years Acquainted

**Additional Information**

**How Did You Learn About Us?**

- Advertisement
  Friend
  Walk-In  
 Employment Agency
  Relative
  Other \_\_\_\_\_

**Position You Are Seeking:** \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_Yes \_\_\_No  
 If yes, give date \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_Yes \_\_\_No

Are you currently employed? \_\_\_Yes \_\_\_No

May we contact your present employer? \_\_\_Yes \_\_\_No

On what date would you be available to work? \_\_\_\_\_

Can you travel if a job requires it? \_\_\_Yes \_\_\_No

Have you been convicted of a felony within the last 7 years?  
*Conviction will not necessarily disqualify an applicant from employment*

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Statement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or interview(s) shall be considered sufficient cause for dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that unless this application is completed in detail it will not be considered. I understand this application is for Menominee County ISD and will not be returned, nor its contents borrowed and shall be considered active for a period of time not to exceed 45 days. I certify that I can perform the essential elements of the job for which I am applying. I understand that the Menominee County ISD is required by law to conduct a criminal background check to determine acceptability for employment. If I am offered a position with the district, I will fulfill the requirements for a completion of a criminal records check through the Menominee County ISD. I hereby waive any right that I may have against any person contacted by Menominee County ISD including former employees who provide information concerning this application and I release each said person from liability for providing information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Arrange Interview: Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please complete the following:*

Job Title: \_\_\_\_\_ Dept: Gen. Ed \_\_\_\_\_ Spec. Ed \_\_\_\_\_

Part-time \_\_\_\_\_ Full-Time \_\_\_\_\_ Contracted Services \_\_\_\_\_ MCISDEA \_\_\_\_\_

Expected Starting Date: \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Completed by: \_\_\_\_\_

**NAME AND TITLE**

**DATE**

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_