

## **APPLICATION FOR EMPLOYMENT - SUPPORT STAFF**

| NAME:                             | DATE:                               |               |                       |                        |  |  |  |  |
|-----------------------------------|-------------------------------------|---------------|-----------------------|------------------------|--|--|--|--|
| Last                              | First                               |               | M.I.                  |                        |  |  |  |  |
| PRESENT ADDRESS:                  |                                     |               |                       |                        |  |  |  |  |
| No.                               | Street                              |               | City,State,Zip        |                        |  |  |  |  |
| TELEPHONE()                       | EMAIL                               |               |                       |                        |  |  |  |  |
| POSITION APPLYING FOR             | PREFER PART-TIME/FULL-TIME OR BOTH? |               |                       |                        |  |  |  |  |
| PREFERED START DATE:              | _ HAVE YOU E                        | EVER WORKE    | D FOR NPS?            | _ IF YES, WHEN?        |  |  |  |  |
| ARE YOU AT LEAST 18 YEARS OLD? _  | IF YOU ,                            | ARE A STUDE   | ENT, ARE YOU AT L     | EAST 16 YEARS OLD?     |  |  |  |  |
| WERE YOU REFERRED TO NPS?         | IF YES, BY V                        | VHOM?         | ·                     |                        |  |  |  |  |
| DO YOU HAVE ANY RELATIVE(S) WHO   | CURRENTLY                           | WORK FOR      | NPS?IF YE             | ES, WHOM?              |  |  |  |  |
|                                   | WORK                                | ( EXPERIEN    | CE                    |                        |  |  |  |  |
|                                   |                                     |               |                       |                        |  |  |  |  |
| Name & Address of Company         | From                                | То            | Reason for<br>Leaving | Name of Supervisor     |  |  |  |  |
|                                   |                                     |               |                       |                        |  |  |  |  |
|                                   | Describe the Work You Performed:    |               |                       |                        |  |  |  |  |
|                                   | 4                                   |               |                       |                        |  |  |  |  |
| Ph.#                              | _                                   |               |                       |                        |  |  |  |  |
| F11.#                             |                                     |               |                       |                        |  |  |  |  |
|                                   |                                     |               | Reason for            | Name of                |  |  |  |  |
| Name & Address of Company         | From                                | То            | Leaving               | Supervisor             |  |  |  |  |
|                                   |                                     |               |                       |                        |  |  |  |  |
|                                   | Describe the Work You Performed:    |               |                       |                        |  |  |  |  |
|                                   | _                                   |               |                       |                        |  |  |  |  |
| Ph.#                              |                                     |               |                       |                        |  |  |  |  |
| ARE YOU ABLE TO PERFORM THE ESSEN | ITIAL FUNCTION                      | NS OF THE SPE | CIFIC POSITION FOR    | WHICH YOU ARE APPLYING |  |  |  |  |
| WITH ACCOMMODATION                |                                     |               |                       | _                      |  |  |  |  |

## **RECORD OF EDUCATION**

| School  | Name & Addr         | ess of School        | Course of Study    | Last Year<br>Completed   |          | You<br>uate?  | List Diploma or Degree |  |  |  |
|---|---------------------|----------------------|--------------------|--------------------------|----------|---------------|------------------------|--|--|--|
| High  |                     |                      | 3.0.0.             |                          | 3.44     |               |                        |  |  |  |
| College   |                     |                      |                    |                          |          |               |                        |  |  |  |
| Other   |                     |                      |                    |                          |          |               |                        |  |  |  |
|   |                     |                      |                    |                          |          |               |                        |  |  |  |
| PROFESSIONAL REFERENCES   |                     |                      |                    |                          |          |               |                        |  |  |  |
| P   | Name                | Relation             | nship              | Phone Number             |          | Email Address |                        |  |  |  |
|   |                     |                      |                    |                          |          |               |                        |  |  |  |
|   |                     |                      |                    |                          |          |               |                        |  |  |  |
| OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS   |                     |                      |                    |                          |          |               |                        |  |  |  |
|   |                     |                      |                    |                          |          |               |                        |  |  |  |
| What skills, experiences or qualifications do you possess that make you the best candidate for this position?   |                     |                      |                    |                          |          |               |                        |  |  |  |
|   |                     |                      |                    |                          |          |               |                        |  |  |  |
| CONVICTIONS  Have you ever been convicted of a felony or misdemeanor-Other than a minor traffic violation?  |                     |                      |                    |                          |          |               |                        |  |  |  |
| -   |                     |                      |                    |                          |          |               | ! :                    |  |  |  |
| Are there any felony charges pending against you? If yes, please provide details:   |                     |                      |                    |                          |          |               |                        |  |  |  |
|   |                     |                      |                    |                          |          |               |                        |  |  |  |
| L certify that th   | e information and a | answers I provided o | on this employment | application are true and | complete | e to the h    | pest of my knowledge   |  |  |  |
| I certify that the information and answers I provided on this employment application are true and complete to the best of my knowledge. I also agree that any false information, misrepresentations or omissions may disqualify me from further consideration for employment or may result in discharge, if hired, without regard to either my knowledge or the inaccuracy, the length of my employment, or the |                     |                      |                    |                          |          |               |                        |  |  |  |
| seriousness of the inaccuracy.  |                     |                      |                    |                          |          |               |                        |  |  |  |
| I authorize Newaygo Public Schools to conduct such background investigations, except as noted above, as it deems necessary in arriving at an employment decision. I hereby give permission for NPS to contact the employers listed in the Work Experience section of  |                     |                      |                    |                          |          |               |                        |  |  |  |
| this application concerning my prior work experience. I release the district and all companies, agencies, schools and persons contacted from all liability and responsibility for providing, receiving, or taking action on such information. I further agree to cooperate in any such  |                     |                      |                    |                          |          |               |                        |  |  |  |
| investigation.  I understand that if I have a protected disability that effects my ability to perform the position, I may ask the district to attempt to make   |                     |                      |                    |                          |          |               |                        |  |  |  |
| accommodations as required by law. I must make my request in writing to the Newaygo Public Schools as soon as possible and no later than 182 days after the date I know or reasonably should know the accommodation that is needed.   |                     |                      |                    |                          |          |               |                        |  |  |  |
| I agree to conform to the rules and regulations of Newaygo Public Schools. No person, other than the superintendent, has the authority  |                     |                      |                    |                          |          |               |                        |  |  |  |
| to offer employment for any specified period or to make any representations or agreement contrary to the foregoing. Moreover, no such agreement by the superintendent will be enforceable unless the document is in writing, dated signed by the superintendent, and has  |                     |                      |                    |                          |          |               |                        |  |  |  |
| been formally adopted by the school board.  |                     |                      |                    |                          |          |               |                        |  |  |  |
| Sign  | ned:                |                      |                    | Date:                    |          |               |                        |  |  |  |