

Liberty-Perry Community School Corporation

105 South C. R. . 650E, P.O. Box 337

Selma, Indiana 47383

Phone: (317) 282-5615

FOR PERSONNEL USE ONLY	
Date received	_____
Date interviewed	_____
By	_____
At	_____
Credentials	_____
Certifications	_____

**Certified Personnel
Employment Application**

Date _____ Position applying for _____

Name _____
Last First Middle

Address _____

Telephone Number(s) _____ E-mail: _____

Have you served in the military? _____ If so, date of induction and discharge _____

State of Indiana License

License number (s) _____

Certification Area(s) and Grade Level(s): _____

Are you currently employed: _____ Yes _____ No

If yes, where _____

Current Salary _____

Why are you interested in leaving your current employment?

May we contact your present employer? _____ Yes _____ No

If yes, name and telephone and/or or e-mail address of your direct supervisor.

Name

Phone

E-mail

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities.

- We respect your time applying for a position with Liberty-Perry Community Schools. If you have all the employment experience information requested listed on a vita or resume that you are including with this application, please check this box and skip on to the next section.***

Job Title/Position: _____

Employer: _____

Address: _____

Direct Supervisor _____

Telephone Number(s): _____

Date Range of Employment _____

Reason for Leaving: _____

Job Title/Position: _____

Employer: _____

Address: _____

Direct Supervisor _____

Telephone Number(s): _____

Date Range of Employment _____

Reason for Leaving: _____

Job Title/Position: _____

Employer: _____

Address: _____

Direct Supervisor _____

Telephone Number(s): _____

Date Range of Employment _____

Reason for Leaving: _____

Education

- We respect your time applying for a position with Liberty-Perry Community Schools. If you have all the education related information requested listed on a vita or resume that you are including with this application, please check this box and skip on to the next section.*
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High School

Name of high school you graduated from: _____

Year of graduation _____

College/University

Bachelor's Degree

Name of College or University _____

Major/Minor _____ Year of Graduation _____

City/State of University: _____

Other Colleges or Universities attended for undergraduate coursework: _____

Master's Degree

Name of College or University _____

Major _____ Year of Graduation _____

City/State of University: _____

Other Colleges or Universities attended for Master's level coursework _____

Ed. S.

Name of College or University _____

Major: _____ Year of Graduation _____

City/State of University: _____

Other Colleges or Universities attended for Ed. S. level coursework: _____

Ed. D / Ph. D.

Name of College or University _____ Year of Graduation _____

City/State of University: _____

Major: _____ Cognate(s): _____

Title of dissertation or research study: _____

Screening Questions

Please provide a brief response on a separate page to each of the following questions.

1. Describe your level of expertise in the use of technology as a teaching and learning tool.
2. Describe any specialized training, strengths, or areas of extensive knowledge or skills you may bring to this position.
3. Describe two accomplishments in your life you are proud of.
4. What is your opinion of ISTEP+ testing?
5. What is your opinion of No Child Left Behind (NCLB)
6. Imagine you could design your 'perfect' school where there are no barriers or constraints. What would your school look like? What would we see the teachers and students doing?
7. Describe your philosophy of facilitating the needs of special education students.
8. State any additional information you feel may be helpful to us in considering your application.

Other References

Please provide the name, address, telephone number and e-mail address of references you would like to include who are not included in the previous employment section yet would have direct knowledge of your character, work ethic, and/or work-related skills.

Name _____ **Relationship** _____

Address _____

Phone/E-mail _____

Name _____ **Relationship** _____

Address _____

Phone/E-mail _____

Name _____ **Relationship** _____

Address _____

Phone/E-mail _____

Professional Status

1. Have you ever been terminated from a job or been asked to resign? _____ Yes _____ No
If yes, please provide written explanation including where, date and reason.

2. Within the past five (5) years, have you received an unsatisfactory evaluation from an employer?
_____ Yes _____ No
If yes, please provide written explanation

3. Do you currently have any pending criminal charges? _____ Yes* _____ No

4. Have you ever been convicted of any crime? _____ Yes* _____ No
a. If yes, was the charge a felony? _____ Yes* _____ No
If yes, what state _____ Year _____ *Please include written explanation.*

b. If yes, was the charge a misdemeanor other than minor traffic violation? _____ Yes* _____ No
If yes, what state _____ Year _____ *Please include written explanation.*

**A yes answer will not itself automatically exclude an applicant from consideration for employment.*

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

Acknowledgement of Terms of Application

In making this application for employment, I understand that an investigative report may be made whereby information is obtained through personal interviews and/or third party references, law enforcement agencies, prior employers, co-workers or others. This inquiry may include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I hereby acknowledge that at any time of employment should there be reasonable suspicion established, a sample of my blood and/or urine may be taken and tested for evidence of the consumption of illegal drugs and/or alcohol. I consent to such testing, and hereby release, discharge and waive any and all claims I now or may in the future have against the Liberty Perry Community School Corporation and/or medical personnel related to such tests or the results thereof. I further understand that if an offer of employment is made, I will be required to submit documentation which will verify that I am a citizen or a national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized to be employed in the United States.

I affirm that I have never been convicted, or charged with and had the charges plea-bargained to a lesser offense, of any of the following offenses involving children as defined by the Indiana Code: rape, criminal deviate conduct, child molesting, child exploitation, vicarious sexual gratification, child solicitation, incest, child selling, child seduction, or sexual battery.

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. **I understand that future employment may be terminated if I have misrepresented information submitted.**

Signature

Date

WAIVER
PUBLIC LAW 93-380
"Family Educational Rights and Privacy Act of 1974"

I, _____, being aware of the provisions of Public Law 93-380, "Family Educational Rights and Privacy Act of 1974", hereby affix my signature and provide a waiver of the above law's provisions.

I hereby grant authorization to Liberty-Perry Community Schools to:

1. Request any and all materials and information pertaining to my employment from any of my present and/or former employers, supervisors or co-workers in any bona fide school corporation.
2. Request credentials from all educational institutions I have attended.
3. Request student teaching evaluation from my assigned classroom supervising teacher.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to Liberty-Perry Community Schools.
2. Any and all educational institutions I have attended to release my placement credentials on request to the Liberty-Perry Community Schools.
3. My assigned classroom supervising teacher(s) to release my student teaching evaluation to Liberty-Perry Community Schools.

I hereby further authorize:

1. The Liberty-Perry Community Schools to conduct a criminal history record check of my background with the appropriate law enforcement agencies.
2. The appropriate law enforcement agencies to provide the Liberty-Perry Community Schools with any information about me regarding any arrest, any felony or misdemeanor convictions or any pending criminal charges.

Date

Signature of Applicant

EMPLOYMENT PRACTICES OF THE LIBERTY PERRY COMMUNITY SCHOOL CORPORATION DO NOT DISCRIMINATE AGAINST RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED PHYSICAL HANDICAPS.

