

**REGIONAL SCHOOL UNIT #56**  
**147 Weld St**  
**Dixfield ME 04224**  
**Telephone (207)562-4300 Fax (207)562-6075**

**APPLICATION FOR NON-TEACHING POSITION**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_  
 (Bus Driver, Custodian, Secretary, Ed. Tech., Food Service, etc.)

When will you be available? \_\_\_\_\_

**Education:** Starting with high school, list any schools or colleges you may have attended.

<u>School Attended</u>	<u>Address</u>	<u>No. or Yrs. Attended</u>	<u>Graduated/Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Special Skills:**

Do you hold a valid drivers license?  Yes  No State: \_\_\_\_\_ Endorsement: \_\_\_\_\_

What computer programs and office machines are you familiar with? \_\_\_\_\_

What other special skills do you have or licenses/certificates (please provide copies) do you hold that may be relevant to this position?

**Driving Experience** (To be completed by Bus Driver applicants)

Class of Equipment                      Type of Equipment                      Date From                      Date To                      Approximately No. of Miles Driven

Straight Truck				
Tractor & Semi				
Tractor – 2 trailers				
Other				

Accident Record for past 3 years (include date, nature of accident, fatalities/injuries).

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations) include: location, date, description

Safe driving awards you now hold and from whom \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
 (if yes to either statement above, explain the facts and circumstances on back or on a separate piece of paper.)

**Physical History**

List any physical limitations (such as eyesight, limb impairment, color blindness) \_\_\_\_\_  
 \_\_\_\_\_

Are you physically capable of heavy manual work?  Yes  No

Date of last physical examination: \_\_\_\_\_

Have you ever been injured on the job?  Yes  No If yes, give nature and degree of such injuries \_\_\_\_\_  
 \_\_\_\_\_

How much lost time from work in the past three years for illness? \_\_\_\_\_

Have you ever received workers' Compensation?  Yes  No – if yes, when? \_\_\_\_\_

**Experience:** Please list all previous employment starting with the most recent job held. Use the back of this page if necessary. Please account for any gaps in employment during the past ten years on the back of this page.

<u>Dates</u> (month/year)	<u>Position</u>	<u>Duties</u>	<u>Employer</u>
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____

**Background:**

	<b>Yes</b>	<b>No</b>
Have you ever been disciplined, discharged, or asked to resign from a prior position?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review?	<input type="checkbox"/>	<input type="checkbox"/>
Has your contract in a prior position ever been non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or investigated for sexual abuse or harassment of another person?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime (other than a minor traffic offense)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state?	<input type="checkbox"/>	<input type="checkbox"/>
Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, a penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question, and the address of the court involved. Use additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**References:** Please list three references, two of whom are most recent supervisors, who can comment on your ability and whom we may contact.

Name	Position	Address	Phone

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 those persons, agencies or entities that Regional School Unit #56 contacts in connection with my employment application to fully provide Regional School Unit #56 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, Regional School Unit #56 its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

\_\_\_\_\_  
Signature/Date

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**APPLICATION FOR NON-TEACHING CHECKLIST:** The completed employment application cannot be evaluated unless all of the following materials have been provided:

- \_\_\_\_\_ Application form fully completed
- \_\_\_\_\_ Cover Letter (Ed. Tech. & Secretary Applicants)
- \_\_\_\_\_ Resume (Ed. Tech. & Secretary Applicants)
- \_\_\_\_\_ Three current (within past two years) letters of reference (Ed. Tech. & Secretary Applicants)
- \_\_\_\_\_ Copy of Licenses/Certificates and CHRC (fingerprinting) card.
- \_\_\_\_\_ Gaps in employment during the past ten years explained
- \_\_\_\_\_ YES to any of the questions in the Background section explained
- \_\_\_\_\_ Application signed

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**NOTE:** ALL APPLICATION MATERIALS BECOME THE PROPERTY OF REGIONAL SCHOOL UNIT #56. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY MAINE STATE STATUTE.

*This institution is an equal opportunity provider and employer.*

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).