

GENERAL APPLICATION FOR EMPLOYMENT

**Thumb Educational Services, Inc
5147 N. Van Dyke
Kinde, MI 48445
(989) 874-4000**

PERSONAL	Position Desired:				
Last Name _____ First _____ Middle _____			Date _____		
Street Address _____			Home Telephone _____ ()		
City, State, Zip _____			Business Telephone _____ ()		
Are you 18 years or older? Yes_____ No_____			Social Security No. _____		
Relatives Employed by this District:			Are you a U.S. Citizen?		
Name _____ Relationship _____			Yes____ No____		
Name _____ Relationship _____					
Person to be notified in case of emergency:					
Name _____					
Address _____ Phone _____					
	EDUCATION				
	School Name/Location	Course of Study Major Minor	No. of Years Completed	Did you Graduate?	Diploma or Degree
College					
Business/Trade/ Technical					
High School					
Other special training: _____					
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Do not include those which may disclose your race, color, religion or national origin)					
1. _____					
2. _____					

APPLICATIONS WILL BE KEPT ON FILE FOR A PERIOD OF 60 DAYS

EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

1	Company Name	Telephone ()
	Address	Employed (month & year)
	Name of Supervisor	From: To:
	State Job Title and Describe Your Work:	Reason for Leaving:
2	Company Name	Telephone ()
	Address	Employed (month & year)
	Name of Supervisor	From: To:
	State Job Title and Describe Your Work:	Reason for Leaving:
3	Company Name	Telephone ()
	Address	Employed (month & year)
	Name of Supervisor	From: To:
	State Job Title and Describe Your Work:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____
Reason:

OTHER INFORMATION

Do you have a history of substantiated abuse or neglect of children or adults? ____Yes ____No

Have you ever been convicted of a crime? ____Yes ____No

If so, when, where, and nature of offense:

MILITARY

Did you serve in the
U.S. Armed Forces? __Yes __No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

MEDICAL HISTORY

Is there any reason you may be unable to perform the position desired? ____Yes ____No If yes, please explain:

RELATED EXPERIENCES

List any other experience or qualifications which would help qualify you for the job:

PERSONAL REFERENCES

NAME	COMPLETE ADDRESS	PHONE NUMBER

PLEASE READ:

EMPLOYMENT IS SUBJECT TO A PHYSICAL EXAMINATION.

IT IS ALSO DISTRICT POLICY TO CONDUCT A POLICE/CRIMINAL CHECK ON EMPLOYEES.

The Michigan Handicapper's Civil Rights Act, as amended, provides you with certain rights. If you believe that the District has failed to accommodate your handicap, you must notify the District, in writing, of your need for accommodation within 182 days after the date on which you knew or reasonably should have know that you needed an accommodation to perform a job which you hold or seek.

Written notification of the need for accommodation and/or questions regarding this notice should be directed to the superintendent, Croswell-Lexington Community Schools,
5407 E. Peck Road, Croswell, MI 48422.

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I hereby authorize the Croswell-Lexington School District to inquire and verify any information contained on this application for employment, and the District shall not be liable for any damages which may result from such inquiry or verification. As part of this authorization, I hereby authorize my former employers and individuals listed herein to release to the District information as to my character, ability, and performance.

If accepted for employment, this application will become a permanent part of my personnel record.

Except for applicable provisions of federal and state laws, collective bargaining agreements or employment contracts, each and every employee of the Croswell-Lexington Community Schools shall be deemed an employee "at will". An employee "at will" means that the employer or the employee may at any time for any reason terminate the employment relationship.

Date

Applicant's Signature

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
R E F E R E N C E C H E C K	PERSONAL REFERENCES CONTACTED		RESULTS
	1		
	2		
	3		
I N T E R V I E W R E S U L T S	INTERVIEWERS' NAMES AND COMMENTS		
	1.		
	2.		
	3.		
	4.		