

MAINE SCHOOL ADMINISTRATIVE DISTRICT #52

Greene, Leeds, Turner

Application for Non-Teaching Position

Return to:

MSAD 52
 Superintendent's Office
 486 Turner Center Road
 Turner, ME 04282

Tel: 207-225-1000
 Fax: 207-225-5608

- Application form fully completed
- Fingerprinted
- YES to any of the questions in the Background section explained
- Application signed
- Interviewed by _____ Date _____

- Hired Hired as a substitute

PLEASE PRINT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY # (VOLUNTARY)	DATE
CONTACT ADDRESS (NUMBER/STREET/P.O. BOX)		CITY	STATE	ZIP
PERMANENT ADDRESS (NUMBER/STREET/P.O. BOX)		CITY	STATE	ZIP
CONTACT TELEPHONE		PERMANENT TELEPHONE		

POSITION (S) APPLYING FOR (PLEASE CHECK)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Secretary | <input type="checkbox"/> Substitute Custodian |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Lunch Program | <input type="checkbox"/> Substitute Lunch Program |
| <input type="checkbox"/> Mechanic | <input type="checkbox"/> Educational Technician
[] I [] II [] III | <input type="checkbox"/> Substitute Bus Driver |
| <input type="checkbox"/> Other _____ | | |

DATE AVAILABLE FOR EMPLOYMENT

IN WHICH SCHOOL IS THE POSITION YOU ARE APPLYING FOR LOCATED?

EDUCATIONAL BACKGROUND

GRADUATE SCHOOL (ATTACH TRANSCRIPT)	SCHOOL NAME/LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
COLLEGE (ATTACH TRANSCRIPT)	SCHOOL NAME/LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
BUSINESS/TRADE/TECHNICAL COLLEGE (ATTACH TRANSCRIPT)	SCHOOL NAME/LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
HIGH SCHOOL	SCHOOL NAME/LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA

PREVIOUS WORK EXPERIENCE

EMPLOYER	ADDRESS	DUTIES	SUPERVISOR	DATES EMPLOYED	REASON FOR LEAVING
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MAINE SCHOOL ADMINISTRATIVE DISTRICT 52

REFERENCE INFORMATION

Please list the names of four non-related persons, two of whom are most recent supervisors, who can comment on your ability

1	NAME	TITLE	COMPLETE ADDRESS	TELEPHONE NUMBER
2	NAME	TITLE	COMPLETE ADDRESS	TELEPHONE NUMBER
3	NAME	TITLE	COMPLETE ADDRESS	TELEPHONE NUMBER
4	NAME	TITLE	COMPLETE ADDRESS	TELEPHONE NUMBER

SKILLS

Do you hold a valid drivers license? State _____ Endorsement: _____	CLERICAL APPLICANTS ONLY (check all that are applicable): COMPUTER EXPERIENCE <input type="checkbox"/> Yes <input type="checkbox"/> No PLATFORM <input type="checkbox"/> PC <input type="checkbox"/> MAC WORD PROCESSING EXPERIENCE <input type="checkbox"/> Yes <input type="checkbox"/> No WHAT OFFICE MACHINES ARE YOU FAMILIAR WITH? _____
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Other special skills:

BACKGROUND

Have you ever been discharged, or asked to resign from a prior position? [] Yes [] No

Have you ever resigned from a prior position after a complaint has been received against you or your conduct was under investigation or review? [] Yes [] No

Has your contract in a prior position ever been non-renewed? [] Yes [] No

Have you ever been charged with or investigated for sexual abuse or harassment of another person? [] Yes [] No

Have you ever been convicted of a crime, other than a minor traffic offense? [] Yes [] No

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? [] Yes [] No

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? [] Yes [] No

Has any court ever deferred, filed, or dismissed proceedings without a finding of guilty and required you to pay a fine, 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)? [] Yes [] No

If you answered YES to any of the above questions, provide full details on an additional sheet(s) including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime in not necessarily an automatic bar to employment.

SIGNATURE

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 state, local, or federal agency. I further authorize those persons, agencies, or entities that MSAD 52 contacts in connection with my employment application to fully provide MSAD 52 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, emotional stress, invasion of privacy, or interference with contractual relations that I might otherwise have against MSAD 52, its agents or officials, or against a provider of such information.

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

Signature: _____ Date: _____

NOTICE ALL application materials become the property of MSAD 52. None will be returned. Providing and false or misleading information on this 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.

MAINE SCHOOL ADMINISTRATIVE DISTRICT 52

Greene * Leeds * Turner

486 Turner Center Road

Turner, Maine 04282

N. KIMBERLY BRANDT
SUPERINTENDENT

THOMAS AMBROSE
ASSISTANT SUPERINTENDENT

DEBORAH ROBERTS
BUSINESS MANAGER

DELBERT PEAVEY
DIRECTOR OF SPECIAL EDUCATION

Department of Public Safety
Bureau of Identification – Records Division
42 State House Station
Augusta, ME 04333

To Whom It May Concern:

MSAD 52 requests a criminal background check on the applicant identified below:

Last Name: _____

Maiden Name: _____

First Name: _____

Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

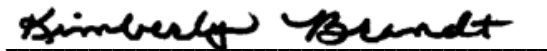
Date of Birth: _____ Gender: _____

Social Security Number: _____

Position at MSAD 52: _____

Signature: _____

Sincerely,



Kimberly Brandt, Superintendent

Revised: August 2016

SUPERINTENDENT'S OFFICE
207-225-1000 OPTION #1
FAX 207-225-5608

BUSINESS OFFICE
207-225-1000 OPTION #4
FAX 207-225-5608

SPECIAL EDUCATION OFFICE
207-225-1025
FAX 207-225-5608