

# MAINE SCHOOL ADMINISTRATIVE DISTRICT #52

## Greene, Leeds, Turner

### Application for Non-Teaching Position

Return to:

M.S.A.D. #52  
 Superintendent's Office  
 486 Turner Center Road  
 Turner, ME 04282

Tel: 207-225-3795  
 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<br>[ ] 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 M.S.A.D. #52 contacts in connection with my employment application to fully provide M.S.A.D. #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 M.S.A.D. #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 M.S.A.D. #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

DR. HENRY ALIBERIT, JR.  
SUPERINTENDENT

BECKY FOLEY  
ASSISTANT SUPERINTENDENT

DEBORAH HOLLAND  
BUSINESS MANAGER

DEBORAH ALDEN  
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:

M.S.A.D. #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: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position at M.S.A.D. #52: \_\_\_\_\_

Signature: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Dr. Henry Aliberti, Jr.

\_\_\_\_\_  
Date

Revised: August 2011

SUPERINTENDENT'S OFFICE  
207-225-3795  
FAX 207-225-5608

BUSINESS OFFICE  
207-225-3406  
FAX 207-225-3159

SPECIAL EDUCATION OFFICE  
207-225-3045  
FAX 207-225-5608