

**APPLICATION FOR EMPLOYMENT  
SUPPORT STAFF**

**Hartford Public Schools  
115 School Street  
Hartford, MI 49057  
269/621-7000**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Are you 18 years or older? Yes\_\_\_ No\_\_\_

Are you a United States citizen, lawful permanent resident, or otherwise authorized to work in the United States?  
Yes\_\_\_ No\_\_\_

Specific Position Desired: \_\_\_\_\_

List any life experiences, skills, or qualifications of special benefit to the job for which you are applying.

If your application is considered favorably, what date will you be available for work? \_\_\_\_\_

List any relatives employed by Hartford Public Schools: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**MILITARY SERVICE:**

Were you in the U.S. Armed Forces: Yes\_\_\_ No\_\_\_ Branch?\_\_\_\_\_ Rank Attained? \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Honorably Discharged? \_\_\_\_\_

List any U.S. Armed Forces training relevant to the position you are applying for? \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Year Completed				Did you Graduate	Diploma or Degree
			1	2	3	4		
High School							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Are there any felony charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

**I certify that the information and answers I provided on this employment application are true and complete to the best of my knowledge. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment or may result in discharge if hired, without regard to either my knowledge or the inaccuracy, the length of my employment, or the seriousness of the inaccuracy.**

**I authorize the District to conduct such background investigations, except as noted above, as it deems necessary in arriving at an employment decision. I release the District and all companies, agencies, schools, and persons contacted from all liability and responsibility for providing, receiving, or acting on such information. I further agree to cooperate in any such investigation.**

**I understand that if I have a protected disability that affects my ability to perform the position, I may ask the District to attempt to make accommodation as required by law. I must make my request in writing to the District as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.**

**I agree to conform to the rules and regulations of the District. No person other than the Superintendent has authority to offer employment for any specified period or to make any representations or agreement contrary to the foregoing. Moreover, no such agreement by the Superintendent will be enforceable unless the document is in writing, dated, signed by the Superintendent, and has been formally adopted by the School Board.**

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

Date: \_\_\_\_\_

Drug Testing Certification:

**I hereby give my consent for the District, through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release the District from any liability arising out of such tests or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized District officials for appropriate review. I acknowledge that remaining free of illegal drug use is a condition of my employment.**

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

Date: \_\_\_\_\_

**CERTIFICATION OF ABILITY TO PERFORM POSITION REQUIREMENTS**

Are you able to perform the essential functions of the specific position for which you are applying with accommodation \_\_\_\_ or without accommodation \_\_\_\_ ?

I certify, to the best of my knowledge,

I am able to perform the requirements of the \_\_\_\_\_ position, I seek.

I have received a copy of the job description for the \_\_\_\_\_ position and understand the requirements. I acknowledge that this position requires \_\_\_\_\_  
\_\_\_\_\_ (example: lifting, sitting, standing, twisting, etc.).

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask the school district to attempt to make a reasonable accommodation for it. I must make my request in writing to the District’s Human Resource Department as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Employment opportunities are open to all without regard to race, color, sex, age, religion, national origin, marital or veteran status, or height, weight, or non-disqualifying disability or handicap.

**This application should be mailed to the address on top of the form.**

All applications will be kept on file for one full year.  
After that time the applicant must re-apply if still interested in employment with the school district.

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

<b>Employer Address and Phone Number</b>							
<b>Type of Business</b>							
<b>Describe the work you did</b>							
<b>From</b>		<b>To</b>		<b>Starting Wage</b>	<b>Last Wage</b>	<b>Reason for Leaving</b>	<b>Name of Supervisor</b>
<b>Mo.</b>	<b>Yr.</b>	<b>Mo.</b>	<b>Yr.</b>				

<b>Employer Address and Phone Number</b>							
<b>Type of Business</b>							
<b>Describe the work you did</b>							
<b>From</b>		<b>To</b>		<b>Starting Wage</b>	<b>Last Wage</b>	<b>Reason for Leaving</b>	<b>Name of Supervisor</b>
<b>Mo.</b>	<b>Yr.</b>	<b>Mo.</b>	<b>Yr.</b>				

<b>Employer Address and Phone Number</b>							
<b>Type of Business</b>							
<b>Describe the work you did</b>							
<b>From</b>		<b>To</b>		<b>Starting Wage</b>	<b>Last Wage</b>	<b>Reason for Leaving</b>	<b>Name of Supervisor</b>
<b>Mo.</b>	<b>Yr.</b>	<b>Mo.</b>	<b>Yr.</b>				

<b>Employer Address and Phone Number</b>							
<b>Type of Business</b>							
<b>Describe the work you did</b>							
<b>From</b>		<b>To</b>		<b>Starting Wage</b>	<b>Weekly Last Salary</b>	<b>Reason for Leaving</b>	<b>Name of Supervisor</b>
<b>Mo.</b>	<b>Yr.</b>	<b>Mo.</b>	<b>Yr.</b>				

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

\_\_\_\_\_

**Personal References** (Not former employers or relatives)

<b>Name and Occupation</b>	<b>Address</b>	<b>Phone</b>