

CLARKSVILLE COMMUNITY SCHOOL CORPORATION

502 Little League Boulevard • Clarksville, Indiana 47129 • (812) 282-7753

Certified Employment Application

It is the policy of the Clarksville Community School Corporation not to discriminate on the basis of race, color, religion, gender, national origin, age, limited English proficiency, or handicap in its programs or employment policies as required by the Indiana Civil Rights Act (I. C. 22-9.1), Title VI and Title VII (Civil Rights Act of 1964), the Equal Pay Act of 1973, Title IX (Educational Amendments), and Section 504 (Rehabilitation Act of 1973). This application will be kept on file for two (2) years.

Section I: Personal Data

A.) **Name:** _____
Last First Middle

Is any additional information concerning change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record?

If yes, please explain:

B.) **Present Address:** _____ **Permanent Address:** _____
Street: _____ Street: _____
City: _____ City: _____
State: _____ Zip Code: _____ State: _____ Zip Code: _____
Phone: (____) ____ - _____ Phone: (____) ____ - _____

C.) Can you, after employment, submit verification of your legal right to work in the United States?
YES: _____ NO: _____

Section II: Certification Data

Indiana Certification: (Please furnish a copy)
Levels/Subjects: _____
Effective Date: _____
Expiration Date: _____
Date of Application: _____

Certification in other State(s): (Please furnish a copy)
State: _____ Expiration Date: _____
Levels/Subjects: _____

Date:

Certification Area:

Middle

First

Last

Name:

By Clarksville Community School Corporation Policy and Contract Agreement, all applicants must have an Indiana Teacher License or proof of eligibility from the Indiana Department of Education. To obtain an Indiana license or information regarding Indiana certification, contact the certification officer at an Indiana college or university or contact:

Office of Educator Licensing and Development (OELD)
South Tower, Suite 600
115 W. Washington Street
Indianapolis, IN 46204
(317) 232-9010
licensinghelp@doe.in.gov

Section III: Employment Preferences

Indicate Order of Preference	Position Desired	Grade Level	Subject Area
_____	Special Education	_____	_____
_____	Elementary	_____	_____
_____	Teacher (K-5)	_____	_____
_____	Middle School Teacher (6-8)	_____	_____
_____	High School Teacher (9-12)	_____	_____
_____	Administrator	_____	_____
_____	OTHER: _____	_____	_____

Section IV: Educational Experience Data (Resume)

The information requested on the inside of this folder should be completed in a manner that ensures clarity, completeness and reflects your abilities in communication and organization. This information should be completed on your own paper and returned inside this folder.

This section should include:

Education and Training: all institutions attended including high schools; dates attended, addresses of institutions, graduation dates and degrees awarded (list in reverse chronological order). Provide data on majors and minors indicating the number of credit hours and your grade point average in the area; provide any additional data on areas of specialization which may enhance your chances of employment.

Certified Experience: provide information on full-time positions held under contract; indicate dates of employment, the complete name and complete address of the school (including zip code), your duties, and your immediate supervisor's name. **Related Experience:** provide information on full-time positions; indicate dates of employment. This may include military service and non-certified work experiences.

Student Teaching: (If you have taught less than five years) provide name and complete address of the school(s) where you did your student teaching, the dates of your student teaching and the name(s) of your college supervisor(s) and supervising teacher(s). **Special Abilities:** reflect upon special interests, community activities, high school and/or college activities which would enhance your opportunity for employment; include any unique or special achievements.

Extra-Curricular Data: provide information on activities (athletic and non-athletic) which you are qualified and willing to direct and/or assist. Professional Activities: provide data concerning your involvement in professional or honorary organizations, research studies, publications and/or presentations you have done.

Educational Philosophy: indicate your beliefs about your role in education as a practicing professional.

Autobiographical Information: provide any other information which may distinguish you from candidates with otherwise similar qualifications.

Transcripts: a copy of your transcripts of each college/university attended should accompany this application. You will be asked to provide an official transcript upon employment.

Section V: Professional Data

Highest Degree Attained: _____

Total years teaching experience in an accredited elementary/secondary school: _____

Section VI: Professional References

Please provide the names of individuals who can evaluate your qualifications as a professional educator. Please include administrators, supervisors, employers, critic teachers and college professors. Include most recent principal (First year teachers include Student Teacher Supervisor).

Name: _____
Position: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: (____) ____ - _____
Phone: (____) ____ - _____
Email: _____

Name: _____
Position: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: (____) ____ - _____
Phone: (____) ____ - _____
Email: _____

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Name: _____
Position: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: (____) ____ - _____
Phone: (____) ____ - _____
Email: _____

Name: _____
Position: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: (____) ____ - _____
Phone: (____) ____ - _____
Email: _____

Personal References

Please provide the names of individuals who can evaluate your personal qualifications (do not include relatives).

Name: _____
Position: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: (____) ____ - _____
Phone: (____) ____ - _____
Email: _____

Name: _____
Position: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: (____) ____ - _____
Phone: (____) ____ - _____
Email: _____

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Name: _____
Position: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: (____) ____ - _____
Phone: (____) ____ - _____
Email: _____

Name: _____
Position: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: (____) ____ - _____
Phone: (____) ____ - _____
Email: _____

Release Authorization

I, hereby affix my signature and release from liability any person authorized to give or receive any information related to my job performance/employment history, including all data and information given in my application for employment, related papers, or oral interviews.

I, therefore, hereby grant authorization to Clarksville Community School Corporation to request at any time prior to or during my employment:

- 1.) Any and all materials and information pertaining to my employment from any of my present or former employers, supervisors, or co-workers;
- 2.) Verification of credentials from all educational institutions I have attended;
- 3.) Any and all materials and information pertaining to any convictions for offenses against the law including motor vehicle records if applicable to the duties of a job for which I am being considered;
- 4.) From any and all references I have listed, any and all information pertaining to my job performance/employment history as these are related to my ability to perform the duties of a job for which I am being considered.

I hereby further authorize:

- 1.) My present and any former employer to release any and all information (written or oral) pertaining to employment with that employer to Clarksville Community School Corporation.
- 2.) Any and all educational institutions I have attended to release my credentials, upon request, to Clarksville Community School Corporation.
- 3.) Local and state police and state motor vehicle departments to research their records and to release any and all information pertaining to convictions and charges pending against me; ·
- 4.) Any and all persons listed by me as references to release any and all information pertaining to my job performance/employment history as these relate to my ability to perform the duties of a job for which I am being considered.

Signature of Applicant

Date

In order to be considered for employment in the Clarksville Community School Corporation, you must fully complete and sign the following questionnaire.

____ Yes ____ No 1.) **Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have you offered a resignation to your previous employer?**

If yes, explain the circumstances on a separate sheet and attach it to this application.

____ Yes ____ No 2.) **Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?**

If yes, explain the circumstances on a separate sheet and attach it to this application.

____ Yes ____ No 3.) **Have you ever resigned from a prior position without being asked but under circumstances involving your employer's investigation of your sexual contact with another person, mishandling funds, or of criminal conduct resulting in a conviction or criminal penalty?**

If yes, explain the circumstances on a separate sheet and attach it to this application.

____ Yes ____ No 4.) **Have you ever been charged with or investigated for sexual abuse of another person?**

____ Yes ____ No 5.) **Have you ever pleaded guilty or "no contest" (nolo contendere) to or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude?**

(Moral turpitude is an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons including, but not limited to, indecency with a minor, theft, attempted theft, murder, rape and swindling.)

____ Yes ____ No 6.) **Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense?**

7.) **If you answered yes to questions 4, 5 or 6, please explain, in detail, including the date of the charge, the court action, the offense in question, and the address of the court involved: (attach additional pages if necessary)**

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Any false or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any private or public employer or any state, local or federal agency. I further authorize those persons, agencies or entities that the Clarksville Community School Corporation contacts in connection with my employment application to fully provide the Clarksville Community School Corporation 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 distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Clarksville Community School Corporation, its agents and officials or against any provider of such information.

Signature of Applicant

Date