BROWN CITY COMMUNITY SCHOOLS 4290 SECOND STREET P.O. BOX 160 BROWN CITY, MI 48416 TELEPHONE: (801) 346-4700

Employment Application

Name:		Cell Phone:			
Address:		Home Phone:			
		preferred phone			
You are applying for:	Full-time	Part-time	Substitute		
	Elementary	Secondary	Preschool		
Are you presently legally a	uthorized to work in the United	States on a full-tir	ne basis? Yes	No	
Do you have a valid Michig	gan driver's license at present?	Yes N	0		

Are you presently employed? _____ If yes, name, address, and phone number of current employer.

I) Education

Please complete all areas. **Do not state "see resume"** however you may attach resume in addition to below.

Type of school	Name & Location	# Of Years	Year Graduated	Diploma or Degree	Major course of study
High School					
Vocational or Trade School					
Community College or University					

RESPONSE TO HEALTH QUESTIONS IS OPTIONAL

- II) HEALTH (Proper mental and physical health have a relationship to the fulfillment of requisite duties and functions. Please answer the following questions as completely as possible)
- A. Are you capable of safely and efficiently performing the essential functions of the position for which ou you have applied? Yes No If no, please explain: B. Have you ever been addicted to narcotics or alcohol? Yes No If yes, please explain: **III**) Additional Information A. Have you ever been convicted of a crime? Yes No If yes, please explain: B. Are there any felony charges pending against you? Yes No If yes, please explain: C. Please provide any additional information which might assist in the evaluation of your candidacy. No D. Have you previously sought employment with Brown City Community Schools? Yes If Yes, When? _____ Position(s)? _____ E. If offered a position with Brown City Community Schools, when would you be available? In case of emergency or accident, please notify: Name: ____ _____ Full Address:_____ Telephone Number(s): _____

IV) Past Employment

List all present and past employment, beginning with your most recent position. Please complete all areas. **Do not state "see resume"**, but you may attach your resume in addition to the information below.

Name, Address, Phone # of Employer	From MM/YY	To MM/YY	Describe in Detail the Work You Performed	Reason for Leaving	Name of Supervisor
		-			
		-			
		-			

V) Positions you are interested in

Please fill out only the sections below that you would be willing to work

FOOD SERVICE

Related Work Experience

Indicate months(m) or years(y) of experience you have using these various skills.

Waitress	Food Evaluation
Menu Planning	Dietician
Cook/Baker	Cashier
Kitchen Coordinator	Satellite Coordinator

Are you ServeSafe certified? Yes No

List any skills not shown above that would help you as a cook, cafeteria assistant, baker, etc.:

PRE-K - 12 PARAPROFESSIONAL

Related Work Experience/Skills

Indicate months(m) or years(y) of experience you have using these various skills.

_____ Working in an educational/classroom setting

_____ Childcare/Development

List any skills not shown above that would help you as a Paraprofessional

ADMINISTRATIVE ASSISTANT/CLERICAL

Please check computer programs you are familiar with.

Word Google Docs Illuminate Excel Google Sheets Skyward

List any programs not listed above that you believe would be relevant to the position.

List any skills that would help you as an administrative assistant.

CUSTODIAL AND MAINTENANCE

Related Work Experience

Indicate experience you have using these various skills.

Sweep Floor	Sweep Floor			
Scrub Machine	Scrub Machine Operation			
Wax Floors	Wax Floors			
Sealing Window	Sealing Windows			
Window Mainte	Window Maintenance			
Hot Water Boile	Hot Water Boiler Operation			
Electrical	Electrical			
Do you hold a Michigan license in:	Electrical	Plumbing	H.V.A.C.?	

List any skills not shown above that would help you as a custodial/maintenance employee.

TRANSPORTATION

You are applying for:	Driver		М	echanic	
Do you hold a Michigan driver's	license?	Yes	No		
What additional endorsements d	o you hold?				
Have you ever been employed as	s a bus driver?	? Yes		No If yes,	School District and year(s):
Has your driver's license ever be	en suspended	or revoked	1?	Yes	No If yes, please explain:

List any skills you have that would qualify you for employment with the Transportation Department: _

READ CAREFULLY BEFORE SIGNING:

Answer all of the application. Incomplete applications will not be considered.

I hereby represent that each answer to a question herein and all information furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete, or false statements or information furnished by me will subject me to disqualification as an applicant, or, if already employed, discharge at any time. In the event that I am employed by Brown City Community Schools, I agree to Comply with all of its orders, rules and regulation. I hereby authorize my former employers to give any information regarding my employment with them and, in addition, to furnish any other information that may have concerned me. Brown City Community Schools shall not be liable for any damage, which may result from such inquiry or verification. If accepted for employment, I understand that this application will become a permanent part of my personnel records and that it, along with all supporting materials, become the permanent property of Brown City Community Schools.

Applicant's Signature in Full

Date

The Brown City Community School District does not discriminate on the basis of race, color, religion, national origin, sex, disability, age, height, weight, marital status, or any other legally protected characteristic, in its programs and activities, including employment opportunities.

If you are applying for a bus driving position only please complete the last page.

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IDENTIFICATION FORM

I have applied for employment with Brown City Community Schools, as a school bus driver or pupil transportation vehicle driver, and understand that, as a result, Michigan Law (Public Act 187 of 1990) requires that the School District request the Michigan Department of State Police conduct a conviction only criminal history file search on me.

I understand that I am to provide the information requested below so that it can be forwarded by the School District to the Department of State Police. This information will not be reviewed by the school district as part of its pre-employment process but will be used by the State Police conducting its conviction only criminal history file search.

Name:

Other names I have used, including maiden name(s):

Birthdate: _____

Month Day

Year

Race: _____

Sex:_____

Social Security Number:_____

Driver's License Information

State of Issuance:_____

Number:_____