

# APPLICATION FOR SUPPORT STAFF EMPLOYMENT

## KENTWOOD PUBLIC SCHOOLS

5820 Eastern Avenue SE  
Kentwood, Michigan 49508

**Notice to applicants:** As part of the employment selection process, applicants for employment with the Kentwood Public Schools may be required to submit to urinalysis, blood tests, or other medical or chemical tests for the purpose of detecting the presence of alcohol, illegal drugs, or other prohibited substances. Applicants are required to sign a Consent/Release Form prior to testing. Any applicant who refuses to sign any required form will be disqualified from further consideration for employment by the Kentwood Public Schools. A copy of the Policy and Administrative Regulation regarding "Drug Testing of Applicants for Employment," as adopted by the Kentwood Board of Education, is available upon request.

**I. GENERAL**

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

1. Name \_\_\_\_\_  
(Last Name)
(First Name)
(Initial)

2. Present Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street)
(City)
(Zip Code)

3. Permanent Address \_\_\_\_\_ US. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Positions interested in: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Salary Desired: \_\_\_\_\_ In case of accident, Notify: \_\_\_\_\_  
(Name)
(Phone)

**II. AREA OF SKILL:**

Typing _____ WPM	Bookkeeping _____	Carpentry _____	Auto Mechanics _____
Microsoft Office _____	Office Machines _____	Masonry _____	Electrical _____
	Plumbing _____	Maintenance _____	Heat. & Cool _____

List any special work talents not listed above: \_\_\_\_\_  
 \_\_\_\_\_

**III. EDUCATION**

Type of School	Name & Location	Academic Major	Last Year Completed	Year Grad.	Period
High School					
College					
Trade School					
Other					

**IV. EMPLOYMENT AND EXPERIENCE RECORD**

Name & Address of Previous Employers (List last employer first) (List immediate supervisor)	Kind of Work Done	Reason for Leaving	Period Employed From To	Wages
1.				
2.				
3.				
4.				

**V. REFERENCES (Other than Employers or Relatives)**

Name	Address	Phone
1.		
2.		

Have you ever been convicted of a criminal misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details. \_\_\_\_\_  
 Are you currently charged with any felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain in detail. \_\_\_\_\_  
 \_\_\_\_\_

**VI. THE FOLLOWING TO BE COMPLETED BY INTERVIEWER:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Position: \_\_\_\_\_ Date employable: \_\_\_\_\_  
 Salary Recommendation: \_\_\_\_\_ Interviewer: \_\_\_\_\_

### AUTHORIZATION TO WORK

If you are selected for hire, you will be required to provide the Board with appropriate documentation that you are authorized to work as required by the Immigration Reform and Control Act of 1986.

### PHYSICAL EXAMINATION

Upon request, following a conditional offer of employment, I agree to submit to a physical examination by a physician selected by the Board and understand that the cost of this exam and all tests will be at Board expense.

### AUTHORIZATION FOR EMPLOYMENT INFORMATION

I authorize the references listed in this Application, and any prior or current employer, to provide the Board with any and all information concerning my previous and current employment and all information the Board believes is pertinent to my Application for Employment. Except as prohibited by law, I release and hold harmless all listed references, and all prior and current employers, and the Kentwood Public Schools, from all liability of any kind whatsoever arising from the furnishing of such information or responding to the Board's inquiry. I also waive any right I may have to written notice that employment information about me is being provided by any person or organization to the Board.

### CRIMINAL RECORDS CHECK

I agree to execute an authorization for this employer to secure criminal conviction history and a record of referrals to first offender programs from the appropriate law enforcement agency, should the Board determine it is necessary to do so.

### DRUG TEST

I authorize the Board of Education of the Kentwood Public Schools or its designated agent(s) to collect blood, urine, hair, saliva, or other fluid or tissue samples from me for medical or chemical analysis. I understand the purpose of this analysis is to determine the presence of alcohol, drugs, or other prohibited substances. I also consent to the release of the test results and other relevant medical information to authorized employees and agents of the Board for appropriate review. I understand that decisions concerning my application for employment will be made as a result of these tests. I release the Board, its administrators, employees and agents from all liability arising out of such testing and any decisions made regarding my application for employment based upon the results of such testing.

### NEED FOR ACCOMMODATION

I understand that a request for accommodation must be made within 182 days of the date I know or should know that an accommodation for disability is needed. If I fail to make a timely request, I understand that I am precluded from filing any claim under Michigan law that the District failed to accommodate the disability.

### LIMITATION ON CLAIMS

Any action or lawsuit I file against the District arising out of my employment or the termination of the employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim(s) or within the time period contained in the statute I am suing under, whichever is shorter. I agree and understand that any action or lawsuit filed outside this period is forever barred.

### EQUAL RIGHTS

Kentwood Public Schools shall not discriminate on the basis of race, religion, color, creed, ethnicity, sex, national origin, age, political belief, or disability in its educational programs or employment practices. This reaffirmation of the District's commitment to Equal Employment Opportunity does not create any rights or obligations beyond the statutory remedies.

### CERTIFICATION OF INFORMATION AND AUTHORIZATION FOR RELEASE

I certify that the information furnished in this application is true and correct. I understand and agree with the above and recognize that any falsification, misrepresentation, misleading statements, or omission of facts on either this application or during the pre-hire process will be a sufficient reason for (1) my not being offered employment; or (2) dismissal at any time if employed.

Signed \_\_\_\_\_

Dated \_\_\_\_\_