



*Human Resources Office*

785 Riverside Avenue, Suite 1, Adrian, Michigan 49221

Phone: 517 / 264-6646

Fax: 517 / 265-5381

Job Line: 517 / 264-6677

Web Site: [www.theadrianmaples.com](http://www.theadrianmaples.com)

Dear Applicant:

Thank you for your interest in Adrian Public Schools. To be considered for a vacancy, you must have a completed application on file with Adrian Public Schools.

Only completed applications will be reviewed during the screening process. Candidates with complete applications that APS is interested in interviewing will be contacted by a representative of APS. Completed applications will remain on file for one year. After one year, the files are purged.

In the event you are offered a position with Adrian Public Schools, you will be required to complete a criminal background investigation. This investigation does include fingerprinting and you will be responsible for the approximately \$60 fingerprinting fee (fee may be subject to change). Before beginning work, you will need to present your Social Security Card and a picture identification.

For up-to-date information regarding employment opportunities at Adrian Public Schools, visit our web site at [www.theadrianmaples.com](http://www.theadrianmaples.com) or call our Job Line at 517/264-6677.

If you have any questions, please contact the Human Resources Department at 517/264-6640.

Sincerely,

Heather M. Bacus  
Human Resources Manager

HMB/lg

Si necesita esta información traducida, favor de llamar a las oficinas de los Programas Estatales y Federales al 517 / 263-7205

Revised for Web: 07/24/09

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## EMPLOYMENT APPLICATION - Non-Certified Position

785 Riverside Ave., Suite 1  
Adrian, Michigan 49221  
Job Line: 517 / 264 - 6677  
Web Site Address: [www.adrian.k12.mi.us](http://www.adrian.k12.mi.us)

In order that your application may be properly evaluated, it is essential that all of the following questions be answered accurately and completely. If you need more space for your answers, additional space is provided on the back page. Feel free to add any additional information that will help us in placing you where you are best qualified.

This application will be kept in the current file for active consideration for one year. After one year, consideration for employment will require completion of another application form.

### PERSONAL INFORMATION:

Name \_\_\_\_\_  
(Last, First, Middle)

Present Address \_\_\_\_\_  
Street, City, State, Zip

Permanent Address \_\_\_\_\_  
Street, City, State, Zip

Telephone Numbers: Present: ( ) \_\_\_\_\_ Permanent: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

In order for us to assess our best job recruiting sources, please tell us how you learned about the particular job you are applying for:

Radio Advertisement \_\_\_\_\_ APS Web Site \_\_\_\_\_ APS Job Line \_\_\_\_\_  
Friend or Family Member \_\_\_\_\_ Publication (Name of Publication) \_\_\_\_\_  
Other: (please specify): \_\_\_\_\_

Are you 18 years of age or older?      Yes      No

Are you a citizen or national of the United States?      Yes      No

I am legally permitted to work in the U.S.A. (Alien # A \_\_\_\_\_ )

Do you have any relatives who work at Adrian Public Schools?      Yes      No  
If yes, please list their name(s): \_\_\_\_\_

### POSITION APPLYING FOR:

Administrative Assistant

Head Start

Maintenance

Paraprofessional – Media

Paraprofessional – Playground/Lunchroom

Substitute Paraprofessional – Playground/Lunchroom

Paraprofessional – Program

Paraprofessional – Student

Other:

Days and Hours Available For Work:

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**EMPLOYMENT HISTORY: (List Most Recent Position First)**

Name of Company		Phone #	
Address		City/State/Zip	
Type of Business		Reason for Leaving	
Job Title: (Starting)		Date	Hourly Pay
Job Title: (Termination)		Date	Hourly Pay
Duties			
Supervisor's Name		Supervisor's Title	

May we contact your present employer for references?                      Yes                      No

Name of Company		Phone #	
Address		City/State/Zip	
Type of Business		Reason for Leaving	
Job Title: (Starting)		Date	Hourly Pay
Job Title: (Termination)		Date	Hourly Pay
Duties			
Supervisor's Name		Supervisor's Title	

Name of Company		Phone #	
Address		City/State/Zip	
Type of Business		Reason for Leaving	
Job Title: (Starting)		Date	Hourly Pay
Job Title: (Termination)		Date	Hourly Pay
Duties			
Supervisor's Name		Supervisor's Title	

**EDUCATION:**

Name & Location	Highest Grade Completed	Did you Graduate?	Degree	Major Studies	Minor Studies
High School					
College(s)					
Graduate School or Other					

**U.S. MILITARY SERVICE:**

Branch of Service	Date Entered	Date Discharged
Rank at Discharge	Type of Discharge:    Honorable    Other	
Major Duties		
Service Schools Attended		

**REFERENCES:** (List three references who are not relatives or previous employers)

Name	Address	Phone	Occupation

Have you ever been convicted of a felony or misdemeanor?                      Yes              No

If yes, explain

Do you currently have felony or misdemeanor charges pending?                      Yes              No

If yes, explain

***NOTE: Conviction or pending charges will not automatically exclude you from consideration.***

**OTHER INFORMATION:**

Provide any additional information you desire that will afford additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest to us.

## **AGREEMENT (Please Read Carefully)**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment plus any resume and/or letter of interest submitted by me and/or verbal representations made by me are true and complete. I recognize that any misrepresentation, false information or willful omission of fact shall be sufficient cause for disqualification of this application or termination of my employment in the event I become employed by Adrian Public Schools.

I authorize and consent to the representative of Adrian Public Schools to verify any of the information concerning my employment, education, criminal, motor vehicle report histories, personal references and military history with the appropriate individuals, agencies and/or institutions. I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure.

I hereby release you or your representative from any liability whatsoever as a result of such inquiries and disclosures.

Adrian Public Schools supports and adheres to the principles, rules, and regulations of Title IX of the Education Act, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, and Michigan Civil Rights Laws. Adrian Public Schools does not discriminate on the basis of sex, race, color, national origin, creed, political affiliation or belief, age, height, weight, marital status, disability, or any other condition covered by the law with respect to the school district's educational programs, activities, employment practices, terms, privileges or conditions of employment.

I understand that this form provided to me does not necessarily indicate that positions are available at this time.

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Application Date

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Write Usual Signature

**ADRIAN PUBLIC SCHOOLS IS AN EQUAL OPPORTUNITY EMPLOYER**



### **MISSION STATEMENT**

The mission of Adrian Public Schools is to provide, in partnership with parents and our community, quality educational opportunities that challenge students to excel academically and socially to become contributing citizens.

08/01

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Revised for Web: 02/14/05; 09/08/05; 07-06-09



**Adrian, Michigan**

**APPLICANT ACKNOWLEDGMENT, AUTHORIZATION, CONSENT, AND  
RELEASE FOR PRE-EMPLOYMENT INVESTIGATION**

**Please read carefully. This document contains a release.**

I, \_\_\_\_\_ [*please print full name*] the undersigned Applicant for employment with the Adrian Public Schools, (the "District") acknowledge, authorize, and give my voluntary consent to a pre-employment investigation to be conducted by the District's employees or agents for the purpose of confirming and verifying the contents of my application for employment, resume, and/or letter of interest submitted by me and/or to confirm or verify any verbal representations made or to be made by me with respect to my consideration for employment with the District.

**References**

Further, I authorize and give my voluntary consent to the District's investigating employees or agents to contact any or all of my personal references, current and former employer(s), current and previous educational institution(s) attended, and any other person(s) and organization(s) as deemed necessary by the District's investigating employees or agents for the purpose of making pre-employment inquiries and obtaining information concerning my character, reputation, certification, licensure, academic and/or work record and experience.

Further, I acknowledge, understand and agree that an investigation may be made whereby information is obtained through personal interviews or other contacts with my neighbors, friends, or others with whom I am or have been associated or acquainted or who may have knowledge of the above information regarding me. Those inquiries may include, as appropriate, information regarding my character, reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request of the District, within a reasonable period of time, to receive additional and detailed information about the nature and scope of such investigation.

**Disclosure of Information**

Further, I authorize and give my voluntary consent to the disclosure of any information, written or verbal, and/or any documentation regarding my character, reputation, work and work experience record(s), disciplinary record(s) (including, but not limited to, records of unprofessional conduct), and academic record(s), from any entity or person, including my current and former employer(s), and current and previous educational institution(s) attended, upon the request of the District's employees or agents conducting the pre-employment investigation.

**Certificates, Licenses, Approvals**

I authorize and give my voluntary consent to the District's investigating employees or agents of the District to contact the Michigan Department of Education, the Michigan Secretary of State, and any other licensing or regulatory agencies to verify the existence and validity of any certificates, licenses, and/or approvals possessed by me and required in the assignment for which I am making application. This consent shall include authorization to receive copies of any such certificates, licenses, and/or approvals as well as any documents relating to any previous current or pending proceedings pertaining to the limitation, suspension, and/or revocation of such certificate(s), license(s), or approval(s).

**Child Protection, Law Enforcement, Judicial Authorities**

Further, I authorize and give my voluntary consent to the District's investigating employees or agents to contact any child protection agencies or registries, law enforcement authorities, and/or judicial authorities and to make pre-employment inquiries and to obtain any information and/or records related to me to determine if I have committed or have been convicted of any crimes and if there are any charges pending against me, including the nature of the crimes committed and/or the pending charges.

**Criminal History Background Check**

Further, I acknowledge and understand that according to Michigan law and/or District policy, a criminal history background check is required and give my voluntary consent to the District and its investigating employees or agents to conduct this check in cooperation with state and federal law enforcement agencies. I also give my voluntary consent to the District and its investigating employees or agents to receive copies of any criminal history background report previously obtained regarding me in connection with my application for employment with any other Michigan public school or non-public school.

**Criminal History Background Check (continued)**

Further, I release the District, its investigating employees and agents and the sources of such criminal history background reports regarding me from any liability in connection with the disclosure or receipt of such information for purposes of processing my application for employment with the District. I further acknowledge and understand that any offer of employment to me is contingent upon the receipt, review and evaluation by the District of my criminal history background report.

I understand that the information contained on the criminal records check is not used by the District for employment decisions, but rather is required by the Central Records Division of the Michigan State Police in order to process a criminal history records check pursuant to the Michigan Revised School Code, the Michigan Pupil Transportation Act, and/or the policies of the District. I authorize the District to use this information for the purpose of obtaining my criminal history records check pursuant to Michigan law and/or School District policy.

**Legal Authorization to Work in the United States**

Further, I acknowledge and understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and their legal authorization to work in the United States. As a consequence, I acknowledge and understand that any offer of employment to me is contingent on my ability to produce the required documentation within the time period required by law.

**Personnel File/False or Misleading Statements**

Further, I acknowledge, understand and agree that if I should be employed by the District, my application for employment and other related information, as deemed appropriate for retention will become a permanent part of my personnel file.

Further, I acknowledge, understand and agree that any representations, omissions, or statements made by me during the pre-employment application and screening process which are subsequently discovered to be false or misleading, upon the discovery thereof will result in my discharge.

**Waiver/Release of Written Notice of Disclosure**

Further, I waive written notice of the disclosure of any disciplinary reports, reprimands, and/or personnel actions from my current and former employer(s). This waiver shall be inclusive of a waiver of rights under Section 6(3) of the Bullard-Plawecki Employee Right to Know Act.

Further, I release any person or entity providing information and/or documents concerning my character, reputation, work and work experience record(s), disciplinary record(s) (including, but not limited to, record(s) of unprofessional conduct, or academic record(s) to the District's investigating employees or agents pursuant to the pre-employment investigation, from any and all claims and/or liability whatsoever for any damages and/or consequences which may result.)

Further, I release the District, its individual Board members, administrators, other employees, and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation related to my consideration for employment with Adrian Public Schools which I authorize by my signature below.

I further acknowledge, understand and agree that the subheadings of this document are not intended to limit or otherwise restrict or expand interpretation of this document.

**READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE.**

I hereby authorize \_\_\_\_\_ whose address is \_\_\_\_\_ to furnish  
(current/previous employer)

a copy of the personnel and employment records of \_\_\_\_\_, the undersigned to Adrian Public  
(Name - please print)  
Schools.

Dated: \_\_\_\_\_  
(Signature)