



**HAMTRAMCK
PUBLIC SCHOOLS**

HAMTRAMCK PUBLIC SCHOOL DISTRICT

3201 Roosevelt
Hamtramck, Michigan 48212

Phone (313) 872-9270 ext 19

APPLICATION FOR PROFESSIONAL EMPLOYMENT

RETURN COMPLETED APPLICATION TO: HUMAN RESOURCES OFFICE (ADDRESS ABOVE)

TO THE APPLICANT:

Please prepare this application as completely and as accurately as possible, keeping in mind that its purpose is to help us consider you as a candidate for employment with the Hamtramck Public School District and that it will become a part of your permanent personnel file in the event you are employed by us. Please type or print all information legibly.

Before you begin, read the complete application. This will help prevent errors and will eliminate the tendency to supply information in one place which will be specifically requested in another part of the application.

PERSONAL INFORMATION

DATE: _____

Name: _____
Last First Middle Maiden

Social Security Number: _____ Present Telephone: () _____ Permanent Telephone: () _____

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

E-Mail Address: _____

Position Desired: Contract Teacher Substitute Teacher Administrative

Are you willing to substitute if not employed full time? Yes No

Have you obtained tenure in any school district in Michigan? Yes No

District: _____ Date: _____

Have you ever been denied tenure in Michigan or any other state? Yes No

Where? _____ Date: _____

Please Explain: _____

EDUCATION

*DENOTES NUMBER OF SEMESTER HOURS

	SCHOOL OR INSTITUTION	TYPE OF DEGREE	DATES ATTENDED		COURSE OF STUDY				
	NAME & LOCATION		FROM	TO	MAJORS	*	MINORS	*	GPA
COLLEGES OR UNIVERSITIES									
OTHER EDUCATIONAL EXPERIENCES									

CURRENT CERTIFICATION

Note: In accordance with Public Act 96 of the Public Acts of 1995, it is a criminal misdemeanor to use a suspended, surrendered, revoked, nullified, fraudulently obtained, altered, or forged teaching certificate, school administrator certificate, other State Board of Education approval, or a certificate or approval of another person for the purpose of obtaining employment.

SUBJECT AND GRADE LEVEL OF CERTIFICATE	STATE	DATE ISSUED	DATE EXPIRES	SPECIAL ENDORSEMENTS

Type of Certificate: Provisional 18 Hour Continuing 30 Hour Continuing
 Permanent Professional Other: Specify: _____

Check if you possess current certification in the following: Life Saving WSI CPR First Aid
 Other _____

SPECIAL SKILLS/QUALIFICATIONS

Indicate other talents, skills, or qualifications you may have: _____

List extracurricular activities you can direct: _____

List foreign languages you can speak or read: _____

List awards, honors, or special recognition in college: _____

List college extracurricular activities: _____

STUDENT TEACHING

Name: _____

FROM: MO. YR.	TO: MO. YR.	NO. DAYS	SUBJECT/GRADES TAUGHT	
NAME OF COOPERATIVE TEACHER		SCHOOL AND ADDRESS		
NAME OF PRINCIPAL				
NAME OF UNIVERSITY SUPERVISOR		UNIVERSITY/ CITY/ STATE		
FROM: MO. YR.	TO: MO. YR.	NO. DAYS	SUBJECT/GRADES TAUGHT	
NAME OF COOPERATIVE TEACHER		SCHOOL AND ADDRESS		
NAME OF PRINCIPAL				
NAME OF UNIVERSITY SUPERVISOR		UNIVERSITY/ CITY/ STATE		

WORK EXPERIENCE

(List most recent experience first. Use supplementary sheet if necessary).

FROM: MO. YR.	TO: MO. YR.	NO. MONTHS	TITLE OF POSITION	Salary -Starting	Final
NAME OF EMPLOYER			ADDRESS / CITY / STATE / ZIP		
DUTIES					
NAME OF SUPERVISOR			REASON FOR LEAVING		
FROM: MO. YR.	TO: MO. YR.	NO. MONTHS	TITLE OF POSITION	Salary -Starting	Final
NAME OF EMPLOYER			ADDRESS / CITY / STATE / ZIP		
DUTIES					
NAME OF SUPERVISOR			REASON FOR LEAVING		
FROM: MO. YR.	TO: MO. YR.	NO. MONTHS	TITLE OF POSITION	Salary -Starting	Final
NAME OF EMPLOYER			ADDRESS / CITY / STATE / ZIP		
DUTIES					
NAME OF SUPERVISOR			REASON FOR LEAVING		
FROM: MO. YR.	TO: MO. YR.	NO. MONTHS	TITLE OF POSITION	Salary -Starting	Final
NAME OF EMPLOYER			ADDRESS / CITY / STATE / ZIP		
DUTIES					
NAME OF SUPERVISOR			REASON FOR LEAVING		

APPLICANT'S STATEMENT

Please provide any additional information that will afford an understanding of your qualifications. Include your goals, objectives, philosophy, and other background factors that are of special interest.

REFERENCES

It is the applicant's responsibility to have the following information provided to Hamtramck Public Schools in order to be considered for employment:

The names of at least four reference sources must be provided and must include current employer, if employed, or last employer, if not employed. Other references should include individuals who are able to speak about your professional skills, abilities and accomplishments. Do NOT include relatives.

Reference name: _____ Reference Position: _____

Relationship to applicant: _____ City / State / Zip Code: _____

Telephone: _____

Reference name: _____ Reference Position: _____

Relationship to applicant: _____ City / State / Zip Code: _____

Telephone: _____

Reference name: _____ Reference Position: _____

Relationship to applicant: _____ City / State / Zip Code: _____

Telephone: _____

Reference name: _____ Reference Position: _____

Relationship to applicant: _____ City / State / Zip Code: _____

Telephone: _____

APPLICANT INFORMATION

1. Are you a citizen of the United States? Yes No

If not, are you lawfully eligible to work in the United States? _____

2. What is your present position? _____

Are you under contract? Yes No

If under contract, can you be released if offered another position? _____

If selected, indicate date you are able to begin work: _____

3. Have you ever been discharged or requested to resign from a position? Yes No

Explanation: _____

4. Have you ever had a certificate or license revoked or suspended? Yes No

Explanation: _____

5. Have you ever been convicted of a crime (other than minor traffic offenses)? Yes No

NOTE: Traffic convictions for alcohol-related offenses are not considered minor.

When? _____ Where? _____

6. Are there any felony charges or proceedings pending against you? Yes No

Explanation: _____

7. Have you ever been convicted of any offense involving the sexual molestation, physical abuse, or rape of a child? Yes No

Explanation: _____

8. Are you related to any Board of Education member, administrator or supervisor who is currently employed by Hamtramck Public Schools? Yes No

If so, please identify and state relationship:

Name: _____ Relationship: _____

BACKGROUND INFORMATION AUTHORIZATION

I hereby authorize Hamtramck Public Schools to make any investigation into my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party to give the district any information they have regarding me without providing me notice of the same. Such information may include educational transcripts and records, references, disciplinary information and records, information about my job performance, criminal convictions, driving records, child protective service information, or other information pertaining to child neglect or abuse, and other information that may be relevant to my application for employment. I hereby waive my right to access any such information, and without limitation hereby release The Hamtramck Public Schools, its employees, Board Members, and agents, and the reference sources from any liability in connection with release of such information.

EMPLOYMENT STATUS

Unless subject to an individual employment contract or a collective bargaining agreement, I understand that my employment can be terminated with or without cause, and with or without notice, any time, at my option or that of the district. I understand that no officer, agent, or employee of the district, other than the Board of Education itself, has any authority to enter into agreement for employment contrary to the foregoing.

Before final consideration for employment, the candidate must have on file in the Human Resources Department complete official transcripts of college credits, placement references and evidence of eligibility for certification as required for the position. Employment is contingent upon compliance with any conditions, rules or regulations required by Hamtramck Public Schools. Only the Superintendent or Director of Human Resources may offer employment with the Hamtramck Public Schools.

NOTE: INDIVIDUALS ARE NOT PERMITTED TO WORK UNTIL THE FOLLOWING IS ON FILE:

- 1. Completed application**
- 2. Copy of social security card (NO substitutions) and Driver’s License (State ID) or other valid documents needed for INS Form I-9.**
- 3. Two sets of fingerprints (Michigan and FBI).**
- 4. Authorization and Release of Personnel Disclosure Information Form.**
- 5. All other required forms.**

I represent that the answers and information given by me in this application are true and complete without qualification, and that I have not knowingly withheld any circumstance that might, if disclosed, affect my application unfavorably. I understand and agree that if any statement made by me on this application is false, misleading or a material omission, it will prevent me from being hired, or if hired, it will be grounds for my immediate dismissal.

Applicant’s Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Hamtramck Public Schools is an equal opportunity employer. It does not discriminate on the basis of race, color, national origin, creed, age, religion, sex, height, weight, marital status, or handicapping condition in employment. No person shall be denied employment solely because of any handicap or disability which is unrelated to the individual’s ability to do the essential functions and duties of the job with or without accommodation. Under state law a person with a handicapping condition may not allege a failure to accommodate a handicapping condition unless the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.