

Application For Employment

Support Services - Aides & Secretarial

This Application will only be considered for the ninety calendar day period after its receipt by the Wyandotte School District. Should you wish to be considered after the expiration of this period, you must reapply.

Under the Michigan Handicapper's Civil Rights Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under that law only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knows or reasonably should have known that an accommodation was needed.

The Wyandotte School District is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status.

(PLEASE PRINT)

Date of Application _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP

Telephone: _____ Social Security No.: _____
AREA CODE

Are you known under any other name(s) which would be necessary for checking references and representations made during the application process? Yes No Name: _____

Position(s) Applied For: Secretarial Lunch Aide Security Instructional Aide
 Clerical Food Service Spec. Ed. Aide Preschool Aide
 Substitute _____ Other _____

Referral Source: Walk-In Friend Relative Advertisement
 Employment Agency Other _____

Are you able to provide the necessary documentation for establishing that you are legally able to work in the U. S.? Yes No

Have you filed an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give date: _____

Are you related to any employee of the School District or member of the current School Board?
 Yes No If yes, give name, position: _____

Are you employed now? Yes No May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work
 Temporary Overtime

Are you on a layoff and subject to recall? Yes No Where: _____

Have you been convicted of, plead guilty to, or entered a plea of no contest to a crime? Yes No
(Conviction, pleading guilty or no contest to a crime will not necessarily disqualify applicant from employment)

If Yes, please explain the nature of conviction/plea, date of conviction, and court location: _____

Are there any felony charges pending against you? Yes No

If yes, give details: _____

Have you ever been discharged or asked to resign from a position? Yes No Explain: _____

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Employment Experience

Start with your present or last job, including military service assignments. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

E M P L O Y M E N T E X P E R I E N C E	Employer	Telephone	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				
	Employer	Telephone	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				
	Employer	Telephone	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				
	Employer	Telephone	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				

(If you need additional space, please continue on a separate sheet of paper)

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Summarize special skills and qualifications acquired from employment or other experiences.

List Office Machines you are able to operate: _____

*Computer Skills/Experience: _____

*Typing Speed _____ Date of Test: _____

*Awards, Honors, Achievements: _____

Professional Affiliations: _____

(You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status).

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School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate	Degree or Diploma
High					
Trades*/ Skills					
College*					
Other					

**Transcripts, Certificates, Letters of Recommendation, etc. will be accepted with this application.*

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Give names, addresses and telephone numbers of three references who are not related to you and are not previous employers.

Name	Position	Address & Telephone Number

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Veteran of the U. S. Military service? Yes No

If Yes, Branch _____

Have you ever been Bonded? Yes No

If Yes, with what employers? _____

Can you perform all of the job functions(s) of the positions(s) for which you are applying, with or without a reasonable accommodation? Yes No

Employment Application Continued

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I certify that the information given in this application is true and complete to the best of my knowledge. I understand that the Wyandotte School District may investigate my work and personal history and verify all data given on this Application, or related papers, and in interviews. In addition, I understand that I must sign the Unprofessional Conduct Check Authorization & Release Form. And, I authorize all individuals, schools and employers named therein, except as specifically limited on this Application, to provide information requested about me, and I release them from liability for damages in providing this information.

I also understand and acknowledge that, except as limited by a controlling collective bargaining agreement or by a written contract signed by myself and the Superintendent, my employment and compensation will be at the will of the Wyandotte Board of Education and can be terminated with or without cause, and with or without notice, at any time at the option of either the Board of Education or myself. I further understand and agree that no District official, agent or employee, other than its Superintendent, and then only pursuant to a Board of Education resolution, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above-described employment relationship.

I further understand and acknowledge, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations which may include tests for communicable diseases, drugs and/or alcohol at the District's discretion and expense, subject only to any controlling collective bargaining agreement or state or federal law. I also understand that if hired, I will be subject to a criminal records check and until that report is reviewed and approved by the School District, I will be regarded as a "conditional employee".

I certify that the information I provided in this Application for Employment is true, correct and complete. I understand, if employed, any misstatement or omission of fact on this application may result in my discharge.

Signature _____ Date _____

COMMENTS:

Please return this application to:

Office of Personnel & Instruction
Wyandotte Public Schools
639 Oak Street
Wyandotte, Michigan 48192
(734) 246-1008 Extension 2414
Fax: (734) 246-1079