



MT. VERNON COMMUNITY SCHOOL CORPORATION

1806 W. State Road 234
Fortville, IN 46040
Phone (317) 485-3100 – Fax (317) 485-3113

Name _____ Date _____
SS# _____

Present Address _____ Street _____ Phone _____
_____ City _____ State _____ Zip _____ Date of Birth _____

Permanent Address _____ Street _____ Phone _____
_____ City _____ State _____ Zip _____

Subjects/Grades certified to teach _____

Kind of certificate (circle): Limited Reciprocal Provisional Standard Professional Permanent

Date of expiration _____ Remarks _____

Major Areas (40 or more semester hrs.) _____

Minor Areas (34 or more semester hrs.) _____

NOTE: If you are currently teaching, please include the most recent copy of your RISE Finalization Worksheet or comparable documentation from other performance evaluations.

TEACHING PREFERENCE IN AREA OF CERTIFICATION: SUBJECT MATTER AND/OR GRADE LEVEL

First _____ Second _____ Third _____

Date Available for Employment _____ Are you registered with a college placement bureau? _____
If so, where? _____

EDUCATION – Please list all education above the ninth grade:

Institution	City	State	Zip	Dates Attended	Total Years	Year of Graduation	Degree

STUDENT TEACHING

School System	Subject /Grades Taught	Supervisor	Date	
			From	To

TEACHING EXPERIENCE: List all places you have taught, last place first, use additional sheet if necessary.

Employing School Corp.	Street	City	State	Zip	No. of Years	Dates		Reason for Leaving
						From	To	

If less than one year, specify number of days

Military Service-Branch _____ Period of Service _____ / _____
 Day,Mo.,Yr. Day,Mo.,Yr.

What extra-curricular activities would you be willing to direct? (Asterisk those in which you have had prior experience.)

What professional journals do you subscribe to or read regularly? _____

Have you missed over 10 days work in the past two years? () Yes () No.

Do you have any physical handicaps, diseases, or ailments which might interfere with or be aggravated by your work? () Yes () No.

Has your teaching contract ever failed to be renewed? () Yes () No.

Have you ever been compelled to resign a teaching position? () Yes () No.

Have you ever been convicted of a felony or are you currently charged with a felony? () Yes () No.

Please explain in detail any "YES" answers to questions 18 through 23: _____

REFERENCES – The earliest date we may contact these people is _____.

List those who can speak with authority of your preparation and experience (no relatives):

Name	Street	City	State	Zip	Occupation	Phone

List individuals whom you personally know who are employed by the Mt. Vernon Schools.

a. _____ c. _____

b. _____ d. _____

Did a current Mt. Vernon employee refer you for this position: Yes _____ No _____

If yes, who was the employee: _____

PLEASE ATTACH TO THIS FORM A WRITTEN DESCRIPTION OF NOT LESS THAN 200 WORDS OF YOUR PHILOSOPHY OF EDUCATION AND THE TRAITS/SKILLS YOU POSSESS THAT WILL MAKE YOU A SUCCESSFUL TEACHER IN THE MT. VERNON COMMUNITY SCHOOL CORPORATION.

Signature _____ Date _____

AUTHORIZATION AND RELEASE

I authorize the MVCSC to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including an "expanded criminal history" possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employers or local, state or federal agencies to provide the MVCSC any information they may request concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I hereby certify that the information found within this application has been provided voluntarily, and I waive any right to assert discrimination on the basis of that which has been divulged. I also affirm that the information on this application is accurate to the best of my knowledge, and I understand that my application will be retained in current files for a period of one year. I understand that future employment may be terminated if the information contained herein has been willfully misrepresented to enhance my application.

I expressly waive in connection with any request for, or provision of such information, any claims or accuses of action including, without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school district, its officials, employees, trustees or agents, or against any provider of any information.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Signature _____ Date _____

OTHER QUESTIONS

- Yes No 1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?
- Yes No 2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
- Yes No 3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual conduct with another person, mishandling of funds, or criminal conduct?
- Yes No 4. Have you ever been charged with or investigated for physical sexual abuse of another person?
- Yes No 5. Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of, any crime involving sexual abuse of any person or any other crime of moral turpitude?
- Yes No 6. Have you ever been convicted of a misdemeanor and/or felony or ever entered a plea of guilty or a plea of "no contest," or has any court ever deferred further proceedings without entering a finding of guilty or placed you on probation for a crime?
- Yes No 7. Have you missed over ten (10) days of work in the past two (2) years?
- Yes No 8. Have you had a serious illness in the last five (5) years?
- Yes No 9. Do you have any physical limitations, diseases, or ailments which might interfere with or be aggravated by your work?
- Yes No 10. If selected for interview, will you consent to the Mt. Vernon Community School Corporation obtaining a credit history report?

If you have answered "yes" to any of the first nine (9) questions, please explain on a separate paper, including the date of the incident, charge, any court action taken, the offense in question, and the address of any court involved, or the nature of the illness or injury, the date incurred, and the physician involved.

I understand that any false or misleading information provided in this application shall be sufficient grounds to refuse employment, and/or for contract termination.

Signature: _____ Date _____