



MT. VERNON COMMUNITY SCHOOL CORPORATION

1806 W. St. Rd. 234
Fortville, IN 46040
(317) 485-3100

mvcsc.k12.in.us/employment
Engage. Educate. Empower.

Classified Employee Application
For Office Use Only

Bldg. Location _____
Position _____
Rate of Pay _____

Date _____ Social Security Number (Optional) _____

Name _____ Telephone Number _____ Date of Birth _____

Address _____ City _____ Zip _____

Position Desired: Maintenance _____ Custodian _____ Bus Driver _____ Cafeteria _____ Pre-School _____

Library _____ Instructional Asst. _____ Technology Associate _____ Secretary _____ Health Room Asst. _____

Are you currently employed? Yes _____ No _____ When will you be available for employment? _____

EDUCATION

School's Name and Location	Years Attended From – To	Did You Graduate? (Circle)	
		Yes	No
College or Tech. School _____	_____	Yes	No
High School _____	_____	Yes	No
Military Service Branch _____	From _____ To _____		

Additional Training or Special Skills _____

Have you missed over 10 days work in the past two years? Yes _____ No _____

Do you have any physical handicaps, diseases, or ailments that might interfere with or be aggravated by your work? _____

List any allergies _____

Have you ever been requested to resign? 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 the questions above. _____

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

1. _____
2. _____
3. _____
4. _____

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

If yes, who was the employee: _____

EMPLOYMENT HISTORY

1. Company Name	Address
Name of Supervisor	Employed (state month & year) From _____ To _____
Duties Performed	Reason for Leaving

2. Company Name	Address
Name of Supervisor	Employed (state month & year) From _____ To _____
Duties Performed	Reason for Leaving

3. Company Name	Address
Name of Supervisor	Employed (state month & year) From _____ To _____
Duties Performed	Reason for Leaving

4. Company Name	Address
Name of Supervisor	Employed (state month & year) From _____ To _____
Duties Performed	Reason for Leaving

List those who can speak with authority of your experience and character. (No relatives)

I HEREBY AFFIRM THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FUTURE EMPLOYMENT MAY BE TERMINATED IF THERE HAS BEEN WILLFUL MISREPRESENTATION OF INFORMATION SUBMITTED.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ONE IN THE FUTURE.

_____ Date _____ Signature of Applicant



The Mt. Vernon Community School Corporation is committed to equal opportunity. It is an Equal Opportunity Affirmative Action Employer and does not discriminate on the basis of age, race, religion, sex, national origin, or handicapping condition, including English proficiency in any employment opportunity. No person is excluded from participation in, denied the benefits of, or otherwise subjected to unlawful discrimination on such basis under any educational program or student activity.

If you have experienced discrimination in such educational programs or activities, written inquiries about procedures that are available and for consideration of complaints alleging such discrimination should be directed to the Superintendent at the letterhead address or telephone number.

**MT. VERNON COMMUNITY SCHOOL CORPORATION
ADDITION TO EMPLOYMENT APPLICATION**

Request for Background Information

Dear Applicant:

Jobs with the Mt. Vernon Community School Corporation (*MVCSC*) involve contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants for employment are expected to provide us with this information; you are not being singled out for closer inspection. This addition is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination from employment regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative answer provided by you on this insert is not an automatic bar to employment. The MVCSC will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.
2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.
3. Have you ever been investigated for, charged with, or plead guilty or “no contest” to any crime involving the sexual abuse of any person or indecency with a minor? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.
4. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.

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 employees or local, state or federal agencies to provide the MVCSC any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I EXPRESSLY WAIVE IN CONNECTION WITH ANY REQUEST FOR; OR PROVISION OF SUCH INFORMATION, ANY CLAIMS OR CAUSES OF ACTION, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLECTION OF 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 SUCH INFORMATION.

I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE TERMS SET OUT HEREIN.

Signature

Date

Please Print Your Name