

MARQUETTE-ALGER
REGIONAL EDUCATIONAL SERVICE AGENCY
321 East Ohio Street – Marquette, MI 49855
(906) 226-5100 – FAX (906) 226-5134

APPLICATION FOR EMPLOYMENT

Date of Application _____

PERSONAL DATA

Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____

Do you have the legal right to work in the United States? Yes _____ No _____

EMPLOYMENT DATA

Position applying for _____

Date you can start _____ Salary desired _____

Reason for making application to this agency _____

Referred by _____ Present employer _____

OTHER DATA

Please identify offense(s) of which you were convicted _____

Please provide date of conviction(s) _____

Please provide state and court of conviction(s) _____

Are there any felony charges currently pending against you? Yes _____ No _____ If so, please describe the nature of the pending charges and also, identify the state and court and where these charges are pending _____

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ACADEMIC AND PROFESSIONAL TRAINING

Name of School	Location	Degree	Major	Hours	Minors	Hours
High School						
Trade/Business/Correspond						
University or College						
Post Graduate						

NON-TEACHING EXPERIENCE

Please list your last three employers, starting with most recent.

Name / Title of Immediate Supervisor _____
Address _____
Phone _____ Position held _____
Dates of employment _____ Salary _____
Reason for leaving _____

Name / Title of Immediate Supervisor _____
Address _____
Phone _____ Position Held _____
Dates of Employment _____ Salary _____
Reason for leaving _____

Name / Title of Immediate Supervisor _____
Address _____
Phone _____ Position Held _____
Dates of Employment _____ Salary _____
Reason for leaving _____

TEACHING EXPERIENCE

Please list your last three employers, starting with most recent.

Name / Title of Immediate Supervisor _____
School District / School _____
Address _____
Phone _____ Subjects Taught _____
Dates of employment _____ Years Taught _____

Name / Title of Immediate Supervisor _____
School District / School _____
Address _____
Phone _____ Subjects Taught _____
Dates of employment _____ Years Taught _____

Name / Title of Immediate Supervisor _____
School District / School _____
Address _____
Phone _____ Subjects Taught _____
Dates of employment _____ Years Taught _____

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CERTIFICATES / LICENSES / APPROVALS

List all certificates, licenses, and/or approvals you currently hold (including any endorsements) as well as the issuing agency, the date of issuance and the date of expiration.

Certificate/License/Approval	Issuing Agency	Date of Issuance	Date of Expiration

Has your present or any previous certificate, license and/or approval ever been suspended or revoked? Yes _____
No _____ If yes, please explain in detail (use separate sheet if necessary). _____

Have you ever requested that your present certificate (or any endorsement or grade level certification thereon) approval, or license be nullified or limited? Yes _____ No _____ If yes, please explain.

Date of Request	Reason for Request	Agency Responding to Request	Disposition of Request

Are there currently any proceedings against you to suspend, revoke, limit or qualify any of the certificates, licenses, or approvals referred to above? Yes _____ No _____ If yes, please explain in detail. _____

ADVISORY: In accordance with Public Act 96 of the Public Acts of 1995, Section 1809 of the Revised School Code, 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. Also, an applicant who uses or attempts to use a college or university transcript or certificate or other credential that he or she knows is fraudulently obtained, altered, or forged is also subject to prosecution for a misdemeanor.

CONTRACT

Are you under contract to another school district or educational institution? Yes _____ No _____

If currently under contract, have you checked to see if you will be given permission to be released from that contract?
Yes _____ No _____

Is your current school employer willing to release you if you are offered a position with the Marquette-Alger Regional Educational Service Agency? Yes _____ No _____

Have you ever held tenure or a continuing contract in a Michigan K-12 school district or intermediate school district? Yes _____ No _____

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REFERENCES

Please list three persons, preferably a supervisor, from each of the above listed former employers who have knowledge of your working habits, skills and performance:

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

STATEMENT OF NON-DISCRIMINATION

Marquette-Alger Regional Educational Service Agency does not discriminate against applicants or employees on the basis of race, color, national origin, sex, disability, religion, marital status, height, weight, veteran status, pregnancy, or age in its policies, programs, activities, admissions, or employment. In compliance with Michigan law, a person requiring accommodations for a disability must provide written notification to the employer within 182 days after the date the person with a disability knew or reasonably should have known that an accommodation was needed. The following person has been designated to handle inquiries regarding the non-discrimination policies: Superintendent, MARESA, 321 East Ohio Street, Marquette, MI 49855 PH: 906/226-5102

PLEASE NOTE: Consideration of the application is conditioned on the applicant signing the addendum to MARESA Application for Employment entitled "Applicant Acknowledgment, Authorization, Consent, and Release for Pre-Employment Investigation."

Signature of Applicant

Date

ADDENDUM TO APPLICATION FOR EMPLOYMENT

**MARQUETTE-ALGER REGIONAL EDUCATIONAL SERVICE AGENCY
321 EAST OHIO STREET, Marquette-Alger RESA
(906) 226-5100 FAX (906) 226-5134**

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 Marquette-Alger Regional Educational Service Agency, (the "Agency") acknowledge, authorize, and give my voluntary consent to a pre-employment investigation to be conducted by the Agency'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 Agency.

References

Further, I authorize and give my voluntary consent to the Agency's investigating employees or agents to contact any or all of my personal references, current and former employer(s), current and previous education institution(s) attended, and any other person(s) and organization(s) as deemed necessary by the Agency'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 Agency, 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), 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 Agency's employees or agents conducting the pre-employment investigation.

Child Protection, Law Enforcement, Judicial Authorities

Further, I authorize and give my voluntary consent to the Agency'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 felony charges pending against me, including the nature of the crimes committed and/or the pending felony charges.

ADDENDUM TO APPLICATION FOR EMPLOYMENT

Applicant Acknowledgment, Authorization, Consent, and Release for Pre-Employment Investigation

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Criminal History Background Check

Further, I acknowledge and understand that according to Michigan law, a criminal history background check is required and give my voluntary consent to the Agency 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 Agency 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.

Further, I release the Agency, 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 Agency. I further acknowledge and understand that any offer of employment to me is contingent upon the receipt, review and evaluation by the Agency of my criminal history background report.

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 Agency, 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), academic record(s) to the Agency's investigating employees or agents pursuant to the pre-employment investigation related to my consideration for employment with the Agency 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.

Dated: _____

(Full name - please print)

Witnesses:

SIGNATURE

Signature of Applicant