

2022 / 2023

**MARQUETTE-ALGER  
REGIONAL EDUCATION SERVICE AGENCY**

321 EAST OHIO STREET • MARQUETTE, MI 49855  
(906) 226-5100 • FAX (906) 226-5134

**APPLICATION FOR MICHIGAN SUBSTITUTE TEACHING PERMIT**

**GENERAL**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip Code

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

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

E-Mail \_\_\_\_\_

**EDUCATION**

College(s)/University(s) Attended \_\_\_\_\_

Total Number of Credit Hours Earned to Date \_\_\_\_\_ (Minimum of 60 semester hours required)

Grade Point Average \_\_\_\_\_ (Minimum of 2.0 GPA required)

Majors \_\_\_\_\_ Minors \_\_\_\_\_

**DEGREES / CERTIFICATES / LICENSES**

List all degrees, 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.

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

**DEGREES / CERTIFICATES / LICENSES - continued**

Has your present or any previous certificate, license and / or approval held by you 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) 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.

**STATEMENT OF NON-DISCRIMINATION**

Marquette-Alger Regional Educational Service Agency does not discriminate against applicants or employees on the basis of race, religion, color, veteran status, sex, age, height, weight, national origin, marital status, pregnancy, handicapping condition or disability. A disabled or handicapped individual may allege a violation regarding a failure to accommodate under the Michigan Handicappers Civil Rights Act only if the individual notifies the employing institution in writing of the need for accommodation with 182 days after the date the handicapped or disabled individual knew or reasonably should have known that an accommodation was needed.

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

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## 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 RESA, (the "District") acknowledge, authorize, and give my voluntary consent to a pre-employment investigation to be conducted by the District'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 District.

### **References**

Further, I authorize and give my voluntary consent to the District'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 District'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 District, 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 District'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 District'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.

**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 District 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 District 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 District, 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 District. I further acknowledge and understand that any offer of employment to me is contingent upon the receipt, review and evaluation by the District 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 District, 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 District's investigating employees or agents pursuant to the pre-employment investigation related to my consideration for employment with the District 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.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Full name - please print)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Applicant