

**MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 1
 Castle Hill - Chapman - Mapleton - Presque Isle - Westfield
 207-764-4101**

APPLICATION FOR ADMINISTRATIVE POSITION

MSAD #1 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Date _____ Position(s) applying for: _____
 Name _____

 When will you be available? _____
 Permanent Address _____ Phone _____
 Temporary Address _____ Phone _____

EDUCATION: Transcripts, including grades from all college(s)/university(ties) attended must be provided. It is essential that this section be completed accurately.

<u>College/University Attended</u>	<u>Location</u>	<u>Degree</u>	<u>No. of Yrs.</u>
<u>Completed</u> _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE: A resume must be provided. In addition to educational background and work experience, include extra-curricular activities in which you have been involved. Please list below positions held, employer and dates of employment for the past ten years beginning with your most current or recent experience. Please account for any gaps in employment on a separate page.

<u>No. of Years</u>	<u>Dates (from/to)</u>	<u>Position</u>	<u>Employer Name, Address & Telephone No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other relevant work experience and achievements:

CERTIFICATION: List certification(s) you hold and provide copies of certification.

<u>Type</u>	<u>State</u>	<u>Date Issued</u>	<u>Date of Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you do not hold a Maine certificate, for what type of Maine certificate are you applying and eligible? _____

NOTE: Candidates who do not hold Maine certification should direct an inquiry to the Maine Department of Education, Certification Office, Augusta, Maine 04333.

BACKGROUND:

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes___
 No___

Have you ever resigned from a prior position after a complaint has been received against you or your conduct was under investigation or review? Yes___ No___

Has your contract in a prior position ever been non-renewed? Yes___ No___

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes ___ No ___

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes ___
No ___

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes ___
No ___

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes ___
No ___

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes ___ No ___

Has any court deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes ___ No ___

If you have answered **YES** to any one of the previous questions, provide full details **on an additional sheet of paper**, including, with respect to court actions, the date, offense in question, and the address of the court involved. Use additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

REFERENCES: List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three current letters of reference from persons who are not related to you (may be from references listed below).

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Telephone</u>

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that MSAD #1 contacts in connection with my employment application to fully provide MSAD #1 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against MSAD #1, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to the disclosure.

Signature

Date

FOR OFFICE USE ONLY:

APPLICATION FOR ADMINISTRATIVE POSITION CHECKLIST: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- ___ Application form fully completed
- ___ Copies of transcripts
- ___ Copy of Maine Certification(s)
- ___ Resume
- ___ Gaps in employment during the past ten years explained
- ___ YES to any of the questions in the Background section explained
- ___ Three (3) current letters of reference
- ___ Application signed

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF MSAD #1. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

NOTE: EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY THE MAINE STATE STATUTE.

Please return the completed form promptly to:

**Superintendent of Schools
MSAD #1, P.O. Box 1118
Presque Isle, ME 04769**

ApplicationAdministrativePstn