

Certified Application

Crawfordsville Community School Corporation
1000 Fairview Avenue
Crawfordsville, IN 47933

The Crawfordsville Community School Corporation is an **Equal Opportunity Employer** who fully and actively supports equal access for all people, regardless of Race, Color, Religion, Gender, Age, National Origin, Veteran Status, Disability, Genetic Information Testing, Family & Medical Leave, Sexual Orientation and Gender Identity or Expression. The Corporation prohibits Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination. No question on this form is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is expected that all supportive materials (transcript, copy of Indiana Teaching License, PRAXIS report, resume and university credentials) will be submitted with this application.

Applicants are asked not to contact the Board of School Trustees except upon request.

1. POSITION DESIRED: _____

2. PERSONAL INFORMATION:

Name _____

Present Address _____ Telephone (____) _____

City _____ E-mail _____

State _____ Zip _____ Cell (____) _____

Permanent Address _____ Telephone(____) _____

City _____ State _____ ZIP _____

PRAXIS REPORT: Do you have a copy of scores? Yes _____ No _____ *(Please enclose copy)*

TEACHERS LICENSE: Do you have an Indiana teacher's license? Yes _____ No _____ *(Please enclose copy)*

Date issued _____ Date expired _____ No, but I qualify (explain) _____

Area major (1) _____ Level _____ (2) _____ Level _____

Area minor (1) _____ Level _____ (2) _____ Level _____

Endorsements _____

3. EDUCATION:

	Name of School and Location	Date Entered	Date of Degree	Degree	GPA	Major Certification	Minor Certification
High School:							
College Undergraduate							
College Graduate							

4. EXPERIENCE: Educational/Other - List in chronological order beginning with present position.
(Include student teaching experience if you are a beginning teacher.)

School and District	Date From To	Type of Position	Reason for Leaving

5. REFERENCES:

We use RefLynk, an online system, to facilitate gathering your personal and professional references. We advise that you contact your references and prepare them for an email from RefLynk which will contain a link for a reference survey and to check their junk mail to ensure receipt and a quick response.

6. HONORS AND DISTINCTIONS: List honors, awards, commendations, elective or appointed offices held, or other distinctions received.

Date	(Include source or institution, etc.)

7. PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS:

Organizations	Leadership Role	Remarks

REQUEST FOR BACKGROUND INFORMATION

Jobs with the Crawfordsville Community School Corporation 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 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 Application is not an automatic bar of employment. The School District 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.

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| <p>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?
If yes, explain the circumstances on a separate sheet and attach it to this application.</p> | <p>YES _____ NO _____</p> |
| <p>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?
If yes, explain the circumstances on a separate sheet and attach it to this application.</p> | <p>YES _____ NO _____</p> |
| <p>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 which has not been expunged or sealed by a court?
If yes, explain the circumstances on a separate sheet and attach it to this application.</p> | <p>YES _____ NO _____</p> |
| <p>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 which has not been expunged or sealed by a court?
If yes, explain the circumstances on a separate sheet and attach it to this application.</p> | <p>YES _____ NO _____</p> |

AUTHORIZATION AND RELEASE

I authorize Crawfordsville Community School Corporation to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a “limited 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 Crawfordsville Community School Corporation 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, INFLICTION 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.

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

SIGNATURE

DATE

PRINTED OR TYPED NAME