MSAD 54

196 West Front Street Skowhegan, ME 04976 Phone: (207) 474-9508

Fax: (207) 474-7422

Name:				Social Security #:	
Name.	Last	First	Middle	Social Security #.	
Address:					
City:				State/Zip:	
Specials	skills you have	e or licenses you hold that r	nay be relevant to this	position:	
•	ı completed a (Criminal History Record C	heck (fingerprinting)?		
If yes: P	Place:		Date:	Expiration Date:	
EDUCA	TION:				
High Sch	100l:	Co	urse:	Years Attended:Graduated:	
Business	School:	Dip	oloma/Degree:	Years Attended:Graduated:	
College:		Deg	gree:	Years Attended:Graduated:	

EXPERIENCE:

List all previous experience starting with the most recent job held.

Dates	Position	Employer (include telephone number)

Please account for any gaps in employment during the past ten years on the back of last page.

Background Information

Have you ever been disciplined	Yes No					
Have you ever resigned from a	Yes No					
Have you ever been charged with or investigated for sexual abuse of another person? Yes No No						
Have you: a. ever been convicted of a crime other than a minor traffic offense b. ever entered a plea of guilty or a plea of "no contest" (nolo contendere) c. ever had any court defer further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense? Yes No						
Do you have full physical, mental, emotional and medical ability to perform the functions of the position for which you are applying, with or without reasonable accommodations? (You may request more information about this position before responding to this question.) If no, please explain.						
NOTE: Conviction of a crime is not an automatic bar to employment by RSU 54/MSAD 54.						
REFERENCES Please list three (3) references, including a recent supervisor that we can contact who can comment on your ability.						
Name						

Please Read Before Signing

Any falsification of information or misleading information on this application shall be fully sufficient grounds to refuse employment, or having been employed, shall be immediate cause for dismissal.

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 any persons, agencies or entities that RSU 54/MSAD 54 contacts in connection with my employment application to fully provide RSU 54/MSAD 54 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 limitations, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against RSU 54/MSAD 54, its agent 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 this disclosure.				
Signature	Date			

IT IS THE POLICY OF RSU 54/MSAD 54 TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL CANDIDATES FOR EMPLOYMENT REGARDLESS OF AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR HANDICAP.

Employment applications will be retained for a period of 12 months from date of receipt. All materials will become the property of RSU 54/MSAD 54. None will be returned.

BACKGROUND CHECK WAIVER

It is the policy of RSU 54/MSAD 54 to conduct criminal background checks on all potential employees/volunteers. Employment/volunteering in RSU 54/MSAD 54 is contingent on the results of such checks. In order to conduct the check, a birth date is required. Please provide us with your birthdate, current address, sign the waiver, and return it to us.

Note: MSAD54 will reach out to the Maine Department of Education to inquire if any potential employee is or has ever been under investigation for a "Covered Investigation" (20-A M.R.S. §13025, Ch. 403, L.D. 1820) as part of this review.

Full Name:	Birthdate:
Any Other Name Used (includ	ing maiden name):
Current Address:	
solely for the purpose of a back	formation I have voluntarily provided will be used kground check. It will not be used for any other ome a RSU 54/MSAD 54 employee/volunteer.
Signature	