

Marysville Public Schools

495 East Huron Blvd.
Marysville, MI 48040
Phone (810) 364-7731 Fax (810) 364-3150
Web Site: www.marysville.k12.mi.us

FOR OFFICE USE

ISD Approval:
Sub List:

Teacher/Substitute Employment Application

Applicant Information

Date: _____

Name:	Other Last Name Used:
Present Address	Permanent Address (if different)
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone:	Best Time To Call:
Name of Emergency Contact:	Address:
Relationship:	Phone:

Job Preferences

Position(s) Applying and Qualified For:

Substitute _____ Full-Time _____ Secondary _____
Part-Time _____ Elementary _____ Special Education _____

Personal Information

Have you reached your 18th Birthday? Yes _____ No _____

Are you Citizen of the U.S.? Yes _____ No _____

If not, are you eligible to work in the United States? _____

If yes, what makes you eligible? _____

Date available for employment: _____

What led you to apply to Marysville Public Schools?

Own Initiative _____ Friend or Relative _____
College Placement Office _____ Other, please indicate: _____
District Employee _____

Have you previously *applied* to Marysville Public Schools? Yes _____ No _____

Date: _____ Position: _____

Have you previously *worked* for Marysville Public Schools? Yes _____ No _____

Date: _____ Position: _____

Please identify any relatives you have working for Marysville Public Schools:

Name: _____ Relationship: _____

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Have you ever been convicted of a crime, other than a minor traffic violation? Yes____ No____
 If Yes, Explain:

Are there any felony charges currently pending against you? Yes____ No____
 If Yes, Explain:

Have you ever been convicted of any offense involving criminal sexual conduct, attempted criminal sexual conduct, assault with intent to commit criminal sexual conduct, felonious assault on a child, cruelty, torture or indecent exposure involving a child? Yes____ No____
 If Yes, Explain:

Have you ever been discharged or requested to resign from a position? Yes____ No____
 If Yes, Explain:

Have you served in the armed forces? Yes____ No____
 If yes, which branch and dates: _____

Education

Name of School (City,State)	Years Attended From – To	Circle Last Completed Year	Graduate? (Yes or No)	Diploma, Degree Certification
High: _____	_____	9-10-11-12	_____	_____
College: _____	_____	1-2-3-4	_____	_____
College: _____	_____	1-2-3-4	_____	_____
Other: _____	_____	1-2-3-4	_____	_____

Teaching Candidates:

Have you been granted tenure in Michigan? Yes____ No____
 If Yes, where?

Are you currently under contract with another school district? Yes____ No____
 If yes, what district?

Have you ever been denied tenure, had a certificate or license revoked or suspended?
 Yes____ No____ If Yes, Explain:

List Extracurricular and/or Athletic Activities that you have participated in the past:

List Extracurricular and/or Athletic Activities that you are able and willing to direct:

Please list areas in which you are Highly Qualified according to NCLB:

References

List three references who have first-hand knowledge of your character, personality, and working ability:

Name	Relationship	Phone

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Previous Employment

Name of Employer	From Mth/Yr	To Mth/Yr	Describe Work Experience	Reason for Leaving	Name of Supervisor
Telephone:					

Name of Employer	From Mth/Yr	To Mth/Yr	Describe Work Experience	Reason for Leaving	Name of Supervisor
Telephone:					

Name of Employer	From Mth/Yr	To Mth/Yr	Describe Work Experience	Reason for Leaving	Name of Supervisor
Telephone:					

Name of Employer	From Mth/Yr	To Mth/Yr	Describe Work Experience	Reason for Leaving	Name of Supervisor
Telephone:					

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Applicant Certification

I certify that the answers and information given by me in this application are true and complete without qualification and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand and agree that if any statement made by me on this application or during the pre-hire process is false, misleading or a material omission, it will prevent me from being hired or, if hired, it will be grounds for my immediate dismissal regardless of when discovered by Marysville Public Schools.

I authorize Marysville Public Schools to make any investigation into my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party to give the District any information they have regarding me without providing me with notice of the same. Such information may include educational transcripts and records, references, disciplinary information and records, information about my job performance, criminal convictions, driving records, Child Protective Service information, other information pertaining to child neglect or abuse, and any information that may be relevant to my application for employment. I waive my right to access any such information and, without limitation, release the Marysville Public Schools, its employees, Board members and agents, former employers and any other reference sources from any liability in connection with the release or use of such information. I further waive any written notice of disclosure of records required under Section 6 of the Bullard-Plawecki Employee Right to Know Act

I understand that if an offer of employment is made, it will be conditioned upon the results of a medical examination (which may or may not include a psychological examination) which shall be administered prior to commencement of employee duties. I understand that Marysville Public Schools reserves the right to make a conditional offer of employment which would be conditioned upon the results of such medical examination including, but not limited to any drug screening tests which are required by the District. The results of such examination shall be maintained on separate forms and in separate files, and shall be treated as a confidential medical record. I agree to undergo such an examination. I also agree that during my employment, if hired, I will submit to additional medical/psychological examinations at the District's discretion and expense, if requested to do so. I also agree to waive any applicable physician/patient, psychologist/patient, or mental health related privileges in connection with such examination.

If employed, I understand that if I need or believe I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act, I must notify the Marysville Public Schools in writing of my need for such an accommodation within 180 days after I know or should have known that I need such an accommodation. My failure to provide such a timely notice will prevent me from claiming that my employer failed to accommodate my handicap under the Michigan Handicappers Civil Rights Act.

I also understand that if an offer of employment is made, it will be conditioned upon a satisfactory criminal record check of my background. If the criminal record check is not satisfactory to the school district, the offer of employment will be withdrawn. I understand that by applying for a position or during my employment, if hired, I am responsible to conduct myself in such a way that demonstrates my recognition of the special responsibilities of those employed in an educational setting. As such, I understand that certain behaviors may constitute unprofessional conduct that may result in discipline up to and including termination of employment. The Marysville Public Schools require me to report any felony convictions within three days to the superintendent or his designee. Failure to comply with this reporting requirement may result in discipline up to and including dismissal. I also understand that, unless I am employed in a position that is covered by a collective bargaining agreement that provides for "just cause" employment, my employment with Marysville Public Schools is considered "at will". This means that either Marysville Public Schools or I can terminate the employment relationship at any time for any reason or for no reason. If hired by the Marysville Public Schools, I agree that any claim or lawsuit arising out of my employment with the Marysville Public Schools, or my application for employment with the Marysville Public Schools, must be filed no more than six (6) months after the date of my employment or within six (6) months of the action by the Marysville Public Schools that is the subject of the claim or lawsuit. I understand the Statute of Limitations for claims arising out of an employment action may be longer than six (6) months, and I agree to be bound by a six (6) month Statute of Limitations for any claim arising out of my employment with the Marysville Public Schools. I waive any Statute of Limitations to the contrary, unless State, Federal, or local law prohibits such a waiver.

Signature:

Date:

The Board of Education of the Marysville Public Schools District complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education.

It is the policy of the Marysville Board of Education that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.