



COLCHESTER SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT

Administrative Offices, 125 Laker Lane • P.O. Box 27, Colchester, VT 05446-0027 • Phone (802) 264-5999 • Fax (802) 863-4774

- ❖ PLEASE TYPE OR PRINT CLEARLY
- ❖ IF YOU HAVE A PERSONAL RÉSUMÉ, PLEASE ATTACH A COPY AND COMPLETE ALL PARTS OF THIS APPLICATION

PERSONAL INFORMATION

Name: _____
(Last) (First) (M.I.)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ day _____ evening; E-mail (optional): _____

GENERAL INFORMATION

Position for which you are applying: _____ Desired hourly rate: _____

Date of application: _____ Have you ever applied to us before? _____ Yes _____ No

What led you to apply for a position with Colchester Schools? _____

Newspaper Advertisement: _____ On-line Advertisement: _____

Referred by an employee of Colchester School District: _____ If yes, by whom? _____

Have you previously worked in our District? _____ If yes, Date(s): _____

Are you available full time? _____ part time? _____ Days/Hours _____

On what date will you be available for work? _____

List any other experiences, skills, or qualifications which you feel especially match our organizational needs: _____

Colchester School District (CSD) is an Equal Opportunity Employer. Consistent with state and federal laws, CSD policy prohibits discrimination on the basis of race, color, ancestry, religion, gender, gender identity, age, marital or civil union status, national origin, sexual orientation, place of birth, citizenship, veteran status, disability, HIV Status, genetic information or any other protected class as defined and required by state or federal laws.

Please circle the appropriate response and provide details as requested.

A "Yes" answer to one or more questions below does not necessarily eliminate you from employment consideration.

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review?	YES NO
Have you ever been disciplined, discharged, or asked to resign from a prior position?	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 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

If you answered "YES" to any of the questions above, please fully explain the circumstances (continue on additional paper, if needed).

Vermont State Law requires criminal record background checks for all prospective district employees. The process involves obtaining fingerprints and filing a Request for Criminal Record Check authorizing a background investigation from the Vermont Criminal Information Center, FBI, and other states in which you lived and/or worked. It also reserves the right to conduct further employment investigations, which may include a review of motor vehicle records and interviews with previous employers. Responding positively will not necessarily exclude you from employment consideration.

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	DATE OF GRADUATION	COURSE OR MAJOR
HIGH SCHOOL			
COLLEGE			
POST GRADUATE			
BUSINESS OR TRADE			
OTHER			

EMPLOYMENT HISTORY
(START WITH MOST RECENT EMPLOYER)

COMPANY NAME: _____

ADDRESS: _____ TELEPHONE: _____

START DATE (mm/yy): _____ END DATE (mm/yy): _____

CURRENT POSITION: _____ CURRENT SALARY/RATE: _____

NAME OF SUPERVISOR: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____ TELEPHONE: _____

START DATE (mm/yy): _____ END DATE (mm/yy): _____

CURRENT POSITION: _____ CURRENT SALARY/RATE: _____

NAME OF SUPERVISOR: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____ TELEPHONE: _____

START DATE (mm/yy): _____ END DATE (mm/yy): _____

CURRENT POSITION: _____ CURRENT SALARY/RATE: _____

NAME OF SUPERVISOR: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

TEACHER AND ADMINISTRATOR APPLICANTS ONLY

PLEASE ATTACH A COPY OF YOUR VERMONT EDUCATOR'S LICENSE(S) TO THIS APPLICATION.

LICENSE: _____ EXPIRATION DATE: _____ ENDORSEMENT(S): _____
Level I - Level II

LIST ANY LICENSES FROM OTHER STATES: _____

ARE YOU CURRENTLY UNDER CONTRACT WITH ANY OTHER SCHOOL DISTRICT? _____

IF YES, STATE CONTRACT EXPIRATION DATE, DISTRICT, AND SALARY _____

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that all information given on this Application for Employment and any attached résumé/document(s) is true and complete to the best of my knowledge. I further understand that should I falsify or intentionally omit information it may be grounds for termination should the District employ me. This application is neither a contract nor a guarantee of employment.

If employed, I also understand that although my employment may commence prior to the completion of the criminal/abuse record check process, continued employment with the District would be contingent upon a satisfactory results.

I authorize investigation of all statements contained herein. I also give permission to the employers listed on my application/ résumé and any others attachments to provide to you any and all information concerning my employment and any other pertinent information they may have. I agree to release all parties from all liability for any damage that may result from furnishing such information to you.

I understand that, if offered the position, I will be required to verify my employment eligibility as required by law, including the completion of an I-9 Form.

SIGNATURE: _____ DATE: _____