

ORLEANS CENTRAL SUPERVISORY UNION

Albany, Barton, Brownington, Glover, Irasburg, Orleans, Westmore, OCEC, LRUHS

(802) 525-1204/ Fax (802) 525-1276

130 Kinsey Road, Barton, VT 05822

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

PERSONAL INFORMATION	
Applicant Name (First, Middle, Last)	Mailing Address
Home Phone Number ()	Work/Other Phone Number Where You Can Be Reached ()
E-mail Address (Please Print)	Do you have reliable transportation to and from work? YES / NO (please circle one)
Have you ever been employed by a member OCSU school district (listed above)? YES / NO (please circle one). If YES, please specify dates and school district/school in which employed.	

EMPLOYMENT DESIRED

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Position applying for:
School(s)/Grade(s) desired:
How did you hear of this position?
Interested in (please circle one): PART-TIME / FULL-TIME / TEMPORARY / SUBSTITUTE / OTHER
Please list the schools you are willing to serve as a substitute (if applicable):

HOURS AVAILABLE TO WORK

HOURS AVAILABLE TO WORK								
Day	Available Time		Day	Available Time		Day	Available Time	
	From	To		From	To		From	To
MON.			TUES.			WED.		
FRI.			SAT.			SUN.		
Other scheduling limitations/availability:								

LICENSES AND CERTIFICATIONS

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Please list all applicable licenses, certifications, teaching endorsements, etc. you <u>currently hold</u> (please attach copies of all licenses/certifications listed):
Please list all applicable licenses, certifications, teaching endorsements, etc. that are currently <u>pending</u> and the status of each (including status of required coursework, Praxis exam(s), and licensing application):

EDUCATION AND TRAINING:

	Address of School	No. of years Attended?	Did you graduate?	Degree / Subject(s) studied
High School(s)				
College(s)				
Other				

Additional training, skills, and/or qualifications you would like us to consider:

RELEVENT EMPLOYMENT EXPERIENCE

Please list all relevant employment experience in order starting with your most recent employment. Attach additional pages as necessary.

Please check here if resume is attached with the requested information

Dates of Employment From To	Job Title	Name and Address of Employer
Brief Description of Duties		Name, Title and Phone Number of Supervisor
Reason for Leaving		Salary Information Start End
Are you currently under contract with this employer (please circle one)? YES NO		Is it okay to contact this employer (please circle one)? YES NO

Dates of Employment From To	Job Title	Name and Address of Employer
Brief Description of Duties		Name, Title and Phone Number of Supervisor
Reason for Leaving		Salary Information Start End
Are you currently under contract with this employer (please circle one)? YES NO		Is it okay to contact this employer (please circle one)? YES NO

Dates of Employment From To	Job Title	Name and Address of Employer
Brief Description of Duties		Name, Title and Phone Number of Supervisor
Reason for Leaving		Salary Information Start End
Are you currently under contract with this employer (please circle one)? YES NO		Is it okay to contact this employer (please circle one)? YES NO

ADDITIONAL REFERENCES

Please list up to three additional people, not mentioned above and not related to you, whom you have known at least one year.

Please check here if resume is attached with requested information.

Name & Occupation of Reference	Address	Phone Number	Relationship to Applicant	Years Acquainted

Please attach letters of recommendation if available or as requested in the job posting.

EQUAL OPPORTUNITY EMPLOYER

Orleans Central Supervisory Union and affiliated school districts are committed to maintaining a work and learning environment free from discrimination on the basis of race, color, religion, national origin, gender, sexual orientation, marital/civil union status, ancestry, place of birth, age, citizenship, veteran status or disability, as defined and required by state and federal laws.

APPLICANT STATEMENT AND AUTHORIZATION

"I certify that the facts contained in this application and any attachments are true and complete to the best of my knowledge. I understand that intentional falsification of statements, incomplete or misleading information on this questionnaire and attachments will result in automatic removal of my application from further employment considerations, and, if employed, shall be grounds for immediate dismissal. When it is determined that an employee or prospective employee failed to disclose or fully disclose his or her background through misunderstanding or inadvertence, I understand that such failure will be considered a significant factor in employment or termination considerations."

"If employed, I also understand that although my employment may commence prior to the completion of the Criminal Records Check Process, continued employment with the district would be contingent upon a satisfactory criminal records check."

"I authorize investigation of all statements contained herein. I also give permission to the references and previous employers listed on the application and any 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."

Applicant Signature: _____

Date: ____/____/____