

**WINDSOR SOUTHEAST SUPERVISORY UNION
Hartland – Weathersfield – West Windsor - Windsor**

**105 Main ST, Suite 200, Windsor, VT 05089
802-674-2144, ext. 107**

APPLICATION (Custodians, Secretaries/Clerks/Aides, Substitutes)

POSITION BEING APPLIED FOR _____ DATE: _____

WHEN WOULD YOU BE AVAILABLE FOR WORK: _____

**PERSON TO NOTIFY
IN CASE OF EMERGENCY**

NAME OF APPLICANT: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE _____

ZIP _____

CITY/STATE _____

ZIP _____

TELEPHONE NUMBER: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

Rate of Pay Expected _____

Would you work full time _____

Would you work part time _____

Days _____ Hours _____

Can you, if selected for employment, submit a birth certificate and/or other proof of age?

If no, please explain:

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable a check of your prior employment and/or records?

If yes, please explain:

Have you ever been convicted of any crime other than a minor traffic violation? ___ If yes, state where, when and disposition of case

Please describe any special experience, skills, or qualifications which you feel would especially fit you for work with the District _____

“THE WINDSOR SOUTHEAST SUPERVISORY UNION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN OR DISABILITIES.”

RECORD OF EMPLOYMENT

(Begin with current or most recent employment)

Name & Address of Employer	From:	To:	Position	Start	Finish	Reason for Leaving
	Mo/Yr	Mo/Yr		Salary	Salary	

RECORD OF EDUCATION

Name & Address of School Of Study	Course	Dates Attended		Last Year	Degree/
		From	To	Completed	Graduate Diploma
High: _____					
College: _____					
Other: _____					

REFERENCES

1. List three individuals qualified to give information noting your capabilities for the position you seek. Please know we may also contact other individuals who we feel may have pertinent information.

<u>Name</u>	<u>Position and Telephone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

2. **In addition to the above references, submit or forward 3 current letters of reference.**

PRIOR TO BEING HIRED FOR A POSTION, APPLICANTS MUST PROVIDE

Completed Criminal Offender Record Information Form

An offer of employment may be conditioned on the results of a medical examination conducted solely for the purpose of determining whether the applicant is capable of performing the essential functions of the position.

I certify that the above information is correct _____

I understand that any misstatement or omission of a material fact in this application may be cause for rejection of this application or my dismissal from employment. _____

Type or Print Name

Signature

Date

INTERVIEWER'S COMMENTS

The Windsor Southeast Supervisory Union has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following to help us meet the requirements.

1. Were you ever known by any other name? If yes, please list the name(s) below.

Yes No

2. Have you ever been convicted of a crime, either within or outside of Vermont?

Yes No

If yes, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this form.

3. Are any criminal charges currently pending against you either within or outside the State of Vermont?

Yes No

If yes, identify the jurisdiction in which such charges are pending, the nature of the charges, and an explanation on a separate sheet of paper and attach it to this form.

I understand that if I am employed by the Windsor Southeast Supervisory Union, I will be required to submit to a state and national criminal history records check within a period of 90 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Windsor Southeast Supervisory Union Board of Directors, the Board may immediately terminate my contract of employment as an employee.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies and academic institutions to supply any information regarding my background to the Windsor Southeast Supervisory Union Board of Directors and to its agents and employees from any liability from supplying and use of such information.

I certify that I have made true, correct, and complete answers and statements on this application for employment and I understand that any omission, falsely answered statement made by me on this application or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed by the school district.

Signature

Date

AUTHORIZATION:

I hereby authorize my current and former employers, their representatives, and employees, individuals designated by me as references and educational institutions attended by me. To release to the Windsor Southeast Supervisory Union School Board or its designated representative, any information regarding my academic record, my current and former employment, and my qualifications for the position. I waive and release the Windsor Southeast Supervisory Union Board of Education or its designated representative from any claims or actions which might arise from professional reference checks.

Signature of applicant attesting to accuracy of
all data provided and also authorizing release of information.

Date