

OTHER INFORMATION

Have you ever been convicted of or have you ever pleaded guilty to a crime (including misdemeanors and traffic matters?) Yes No

If "yes", what was the nature of the conviction or plea? _____

Have you ever worked with children? Yes No

If "yes", in what manner? _____

EMPLOYMENT HISTORY (List recent employment first)

Employer	Start Date	End Date
Address	City/State	Zip Code
Phone Number	Type of Work	Immediate Supervisor
		Reason for Leaving
Employer	Start Date	End Date
Address	City/State	Zip Code
Phone Number	Type of Work	Immediate Supervisor
		Reason for Leaving
Employer	Start Date	End Date
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		Reason for Leaving

The Petoskey School District does not discriminate on the basis of race, color, national origin, gender, age, disability, height, weight, or marital status in its programs, services, or activities. The following people have been designated to handle inquiries regarding the nondiscrimination policies: Inquiries related to discrimination on the basis of disability should be directed to: Section 504 Coordinator, Public Schools of Petoskey, Spittler Administration Building, 1130 Howard St., Petoskey MI, 49770. Phone 231-348-2351. Direct all other inquiries related to discrimination to: Director of Teaching and Learning, Public Schools of Petoskey, Spittler Administration Building, 1130 Howard St., Petoskey, MI 49770. Phone 231-348-2352.

MAINTENANCE AND CUSTODIAL WORK EXPERIENCE

(Complete if Applicable)

	<u>No</u> <u>Experience</u>	<u>Some</u> <u>Experience</u>	<u>Much</u> <u>Experience</u>	<u>Number</u> <u>of Years</u>
Finish Carpenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rough Carpenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lawn Mowing and Trimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tree Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tree Pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small Engine Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Janitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tractor or Equipment Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Machinist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cleaning (other than home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would you work any shift? Yes No. If no, please explain _____

Would you change shifts when needed? Yes No. If no, please explain _____

Would you be willing to substitute? Yes No. If yes, do you have a shift preference?

CLERICAL WORK EXPERIENCE

(Complete if Applicable)

	<u>No Experience</u>	<u>Some Experience</u>	<u>Much Experience</u>	<u>Number of Years</u>
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shorthand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bookkeeping (Double-Entry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switch Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working with Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

REFERENCES

Name	Address	Zip Code	Phone Number
Name	Address	Zip Code	Phone Number
Name	Address	Zip Code	Phone Number

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Address	Home Phone	Work Phone
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I hereby authorize the district to inquire and verify any information contained on this application for employment; the district shall not be liable for any damages, which may result from such inquiry or certification. I understand that making any misleading or untruthful statements on this application may result in my dismissal.

Date	Signature (Full Name)
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