

Taylor Community School Corporation

3750 E. 300 S.

Kokomo, IN 46902

765-453-3035

Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Name: _____

Position(s) Applied For	Date Of Application
How Did You Learn About Us?	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Relative
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Friend
<input type="checkbox"/> Website	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Email Address	Social Security Number (Voluntary)

Position: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

..... If Yes, give date _____

Have you ever been employed with us or have friends or relatives, other than spouse employed here? Yes No

..... If Yes, give details _____

Have you ever been convicted of a crime? Yes No

..... If Yes, give details _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Immigration Status? *Proof of citizenship or immigration status will be required upon employment* Yes No

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available _____ to _____)

Date: ____/____/____

We Are An Equal Opportunity Employer

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Teacher License Info		Teacher Applicants Only		
Type of License	Grade	Bulletin/Rule #	Date Issue	Date Expire

Describe any specialized training, apprenticeship, skills, extra-curricular activities and Military Service

If you need additional space, please continue on a separate sheet of paper

Employment Experience

Start with your present or last job. Include any job-related military service and volunteer activities.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason For Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason For Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason For Leaving					

References

1.	_____	(_____)	_____
	Name		Phone #
	_____		_____
	Number	Street	City State Zip
			Name of Organization
2.	_____	(_____)	_____
	Name		Phone #
	_____		_____
	Number	Street	City State Zip
			Name of Organization
3.	_____	(_____)	_____
	Name		Phone #
	_____		_____
	Number	Street	City State Zip
			Name of Organization

Applicant's Statement

Teacher (Certified) Applicants

I, hereby am aware of the provisions of Public Law 93-380, Family Educational Rights and Privacy Act of 1974, hereby provide a wavier of the above law's provision and grant Taylor Community School Corporation:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers' supervisors in any bona fide school corporation.
2. Request credentials from all educational institutions I have attended.
3. Request student teaching evaluation from any assigned classroom supervising teacher.
4. I, hereby, further authorize and release from any liability:
 - Any school or school corporation and its agents to release any and all information (written or oral) pertaining to my employment in that school or school corporation to the Taylor Community School Corporation
 - Any or all educational institutions I have attended to release my placement credentials on request, to the Taylor Community School Corporation.
 - My assigned classroom supervising teacher(s) to release my student teaching

Classified Applicants

I authorize the Taylor Community School Corporation to check my employment history, including without limitation, reference checks, and to seek the release of investigative information, including a "limited criminal history," possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide the Taylor Community School Corporation any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action; including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Taylor Community School Corporation, its officials, employees, trustees or agents, or against any provider of such information.

Bus Driver Applicants Only

Do you hold a CDL ? Yes _____ No _____ Number of years driving ? _____ years

Have your driver's license ever been suspended ? Yes _____ No _____

If yes, please explain: _____

I have read this authorization and release of all claims, and I expressly agree to the term set out herein. I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal.

Signature

Date

Print Form

Email Form