



Otwell Miller Academy



Application for Employment - Non-Certified Personnel

9958 E Co Rd 150 N

Otwell, IN 47564

812-354-0800 Fax: 812-354-0804

Application Date: _____

Date Available to Begin Work: _____

Are you available to work:

_____ Full Time

_____ Part Time (Circle one: Mornings / Afternoons)

_____ Full or Part Time

_____ Substitute

_____ Sub Bus Driver

Position(s) for which you are applying: _____

Please also consider me for positions in:
(Circle your choice)

Food Service

Substitute

Instructional Assistant

Clerical

Custodian

Sub Bus Driver

Bus Driver

Last Name

First Name

Middle Name

Current Address

City

State Zip Code

Date of Birth

Social Security Number

Home/Contact Phone

Work Phone

Cell Phone

E-mail Address: _____

Are you a U.S. Citizen? YES No If no, are you eligible to work in the U.S.? Yes No

Estimate your absences from work for each of the last three years. _____

How many were Mondays and/or Fridays? _____

Have you been employed here before? _____ If so, position: _____

Dates of prior employment: From _____ To _____

Education

High School Graduated: _____ City/State: _____

College/Special Training: _____ City/State: _____

Employment History

Employer: _____ Location: _____

Supervisor's Name & Contact Number: _____

Inclusive Dates: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Location: _____

Supervisor's Name & Contact Number: _____

Inclusive Dates: _____

Duties and Responsibilities: _____

Reason for Leaving _____

Criminal Investigation Statement:

Are you on a sex offender registry? _____

Are you on the Department of Human Services' child abuse registry? _____

Have you ever been asked to resign from a position or received a termination notice indicating that your contract would not be renewed? _____

Have you ever been the subject of an investigation or other formal or informal proceeding resulting in disciplinary action (including verbal warning up to termination) that may result in public embarrassment for the Otwell Miller Academy. _____

Have you ever been found guilty, accepted a guilty or Alford plea, or entered a plea of no-contest for any criminal charge? _____ If yes, please provide date, incident city/state of charge:

Responding "yes" to any of the previous questions is not an automatic bar to employment. The date of the offense and the relationship between the offense and the position for which you are applying will be considered.

Authorization and Verification

I hereby authorize that my former and/or current employer(s), professional colleagues, instructors or friends may provide any information requested by the search committee of Otwell Miller Academy regarding my professional competence, performance and character.

I hereby certify that all application statements are true and complete to the best of my knowledge, and that, if employed, false statements herein shall be sufficient cause for dismissal. I also understand that all employees are required to have a physical examination as a condition of employment. I further understand that if I accept a position with the Otwell Miller Academy, these statements are to become a part of my permanent record. In addition, because of the tremendous responsibility Otwell Miller Academy has to its students and their families, I understand that a criminal background check will be conducted.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. I understand that any offer of employment will, therefore, be contingent on my ability to produce the required documentation within the time period required by law.

Applicant's name printed: _____

Social Security Number: _____

Applicant's Signature: _____ Date: _____