ZEELAND CHRISTIAN SCHOOL

APPLICATION FOR STAFF

*This form must be filled out **COMPLETELY**. All information will be kept confidential.*
We consider applicants for all positions without regard to race, color, gender, national origin, age, non-disqualifying disability, marital or veteran status.

PERSONAL INFORMATION

Name_____ Home Phone _____
Last First M.I.

Address_____
Street City State Zip

Email address_____ Telephone Home _____

Work _____ Cell _____

Is additional information relative to a different name necessary to check the work record? ☐ YES ☐ NO
If yes, please explain: _____

Do you have the legal right to work in the U.S.? ☐ YES ☐ NO
Are you able to do the essential functions of the job(s) for which you are applying? ☐ YES ☐ NO

EMPLOYMENT INFORMATION

Name of Current Employer _____

Are you under a continuing contract? If yes, expiration date _____ Present/last salary $_____

May the present employer be contacted? _____ Supervisor's name/title _____

Address _____

Position desired (be specific) _____ ☐ Part-time ☐ Full-time

Do you have a Michigan teacher certification? _____ If not, are you eligible? _____

If yes, give a complete description of the certification/license held _____

Do you have certification in another state? _____

If yes, give a complete description of the certification/license held _____

To better understand your experiences and abilities, can you please list what languages you speak, read, or write? Please list your level of proficiency for each, (basic, intermediate, advanced, fluent)

_____

Have you ever been fired, dismissed, or asked to resign by mutual agreement, or otherwise terminated from employment or refused re-employment? ☐ YES ☐ NO

If yes, please give a brief description:

Have you ever been convicted of a crime (including a guilty or no-contest plea)? ☐ YES ☐ NO

Are there felony charges pending against you now? ☐ YES ☐ NO

If the answer to either question is Yes

Note: A yes response does not automatically disqualify a job applicant from further consideration. Each applicant is evaluated individually, based on several factors including the nature of the crime, how long ago the crime occurred, whether a sufficient or satisfactory work record has been established since the crime, and the criteria of the position for which application is being made.

EDUCATION AND PROFESSIONAL TRAINING

List High Schools, Colleges, and Universities Attended (most recent FIRST)	Location	Degrees Received	Majors	Minors

Are you presently working toward a higher degree? _____ Degree and date expected _____
From what educational institution? _____

WORK EXPERIENCE IN EDUCATION

Name of Institution	Position	CSI School?	Reason for Leaving	Annual Salary

OTHER WORK EXPERIENCE

Name of Company	Position	Reasons for Leaving

List at least three professional (P) references and one character (C) reference

Name **Position** **Address & Daytime Phone Number**

(P) _____

(P) _____

(P) _____

(C) _____

College Extra Curricular Activities (e.g., Student Govt., Forensics, Athletic, Honorary)

List present and past memberships in professional organizations and voluntary work with students

Organizations	Dates of Membership

APPLICANT'S CERTIFICATION AND AGREEMENT

Certification of Truthfulness: I certify that I have read and understand the provisions of this application, and of any documents which accompany the application. My questions, if any, have been asked and answered to my satisfaction.

I certify that the information furnished in or accompanying this application is true, complete, and correct. I understand and agree that any falsification, misrepresentation, distortion or omission with respect to such information, whether about this application or other aspects of the pre-hiring process, will be sufficient reason for my not being offered employment or if employed, my dismissal at any time without recourse.

Authorization for Medical Information: I authorize every medical doctor, physician or other health care provider to provide to Zeeland Christian Schools any and all information including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous health history or to any examination, consultation, test or evaluation I undergo in connection with my employment with Zeeland Christian Schools or my application for employment with Zeeland Christian Schools. I hereby release every medical doctor, health care personnel and every other person, firm, officer, corporation, association, organization or institution that complies with this authorization from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a conditional job offer has been made.

Employment at Will: If I am hired in consideration of my employment, I agree to abide by the rules and policies of Zeeland Christian Schools, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause , and with or without notice, at anytime, at the option of either Zeeland Christian Schools or myself. I understand that no representative of ZCS, other than the Superintendent, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Superintendent must be made in writing and signed by him or her to be effective.

Limitation on Claims: I agree that any lawsuit or claim against Zeeland Christian Schools arising out of my employment or termination of employment (including, but not limited to, claims arising under state, federal or local civil rights laws) must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits or claims, within (i) 180 days of the events(s) giving rise to the claim, or (ii) the time limit by statue, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

Authorization for Investigation, Release, and Waiver: I authorize Zeeland Christian Schools to conduct an investigation of me, including but not limited to all statements made by me in this application and to fulfill any requirements set forth in applicable state and federal laws. I authorize all sources of information to give Zeeland Christian Schools any information or any other information they may have, personal or otherwise. I release all sources of information from all liability for any damage that may result from furnishing information to Zeeland Christian Schools. Also, I hereby waive written notice to me that employment information is being provided by any person or organization. A photostatic copy of this Authorization, Release, and Waiver shall be considered as effective and valid as the original.

I understand and agree that the employer will conduct a criminal conviction record check (including but not limited to a driving conviction record check) in connection with my application for employment, and I hereby consent to such record checks and agree to pay for a criminal background check.

NOTICE TO ALL APPLICANTS

Work Authorization: Before any applicant can begin work, the person must be able to verify, under federal law, that he or she is authorized to work in the United States. All applicants offered a position with Zeeland Christian Schools will have to document their authorization to work before the hiring process will be complete.

All applicants are being notified at this time that, if selected for hire, it will be your responsibility to provide Zeeland Christian Schools with documentation showing your right to work. Zeeland Christian Schools is giving you this notice so you may have those documents ready if you should be offered a position. The documents will be reviewed at the time a conditional offer of employment is made.

Medical Examination: Any job you are offered by Zeeland Christian Schools will be conditional on the results of a medical examination if one is requested by Zeeland Christian Schools. The medical exam will be conducted by a physician selected by Zeeland Christian Schools and will be completed before you begin work on the job.

Accommodations: Michigan law requires that you notify Zeeland Christian Schools in writing of a need for an accommodation for employment within 182 days after you know or should have known that an accommodation of your disability is needed.

Print Name_____

Current Address_____
Street City State Zip

Signature _____ Date _____