

PASQUANEY SCHOOL DISTRICT

An Equal Opportunity Employer

(Please print in blue or black ink)

Date _____

Legal Name _____

Home Address _____ Town _____ State _____ Zip Code _____

Mailing Address _____ Town _____ State _____ Zip Code _____

Cell # _____ Additional phone# (if applicable) _____

Email Address _____ Date of Birth ____/____/____

Position applying for: _____

Subject (if applicable) _____ Grade or Level(s) _____

Co-curricular Activities interested in: _____

Certification:

NH Certification # _____ Other State Certification _____

Expiration Date _____ Level & Subjects _____

PASQUANEY SCHOOL DISTRICT

Note: Please complete this section ONLY if you have NOT provided a resume, transcripts and letters of recommendation. Thank you.

Education (List most recent first)

Dates	Credits/Degree	School	City/State

Employment History/Teaching & Related Experiences

(List most recent first; include student teaching if recent graduate)

Date	Wages	School/Business	City/State	Assignment

May we contact your employer? ☐ Yes ☐ No

Professional References

List at least three people who can assess your ability to perform in the position for which you are applying. Please include previous principals/directors who have supervised you.

Name _____ Position _____ Phone _____

Name _____ Position _____ Phone _____

Name _____ Position _____ Phone _____

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Background and Criminal History Check

Each applicant for employment must submit to the School District a completed Criminal History Release Authorization Form and his or her fingerprints. The School District can supply an authorization Form and fingerprint card to each applicant. The fingerprints will be utilized by local, state and federal law enforcement agencies to research the applicant's background. Any offer of employment that the School District extends to an applicant is conditional upon the successful processing of his or her fingerprints and the receipt of criminal history and background check results that are acceptable to the School District.

Application Screening Authorization

(To be completed by al/ applicants)

I certify that the facts contained in this application and materials provided by me (resume, transcripts etc.) are true and complete to the best of my knowledge and belief. I acknowledge and understand that the Superintendent of Schools (and/or designee) and the School Board will be relying on the information contained in this application, and that the information is complete and accurate. I further understand and agree that, if employed, any falsified statements or any material half-truths, material misstatements or omissions on this application without full disclosure of all relevant facts, shall be grounds for the School District to immediately VOID any employment contract with me, and shall be grounds for my immediate dismissal from employment with the District. I also understand that any offer of employment is conditional upon providing proper medical certification.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records and to respond fully and completely to all questions that officials of the Pasquaney School District may ask regarding my prior work history and performance. I will hold such previous employers and /or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to the Pasquaney School District. I further authorize the Pasquaney School District officials to investigate my background, now or in the future, to verify the information provided, and I release from liability all persons and/or entities supplying information regarding my background.

Please sign and date in the space provided below:

Signature: _____ Date: _____