

Application for Employment

Central Nine Career Center
1999 US 31 South
Greenwood, IN 46142
www.central9.k12.in.us

Phone: 317-888-4401
Fax: 317-885-8670



Position applying for: _____

Application Date: _____

I. Personal Information

Name:

Salutation: Mr. Mrs. Miss Ms.

First: _____

Middle: _____

Last: _____

SSN(Required): _____

Present Address:

Address: _____

City: _____

State: _____

Zip: _____

E-Mail Address: _____

When will you be available to begin work? _____

Are you available for full-time work? Yes No

Are you willing to work part time? Yes No

Pay expected? _____

Telephone Numbers:

Check which number you desire to be called:

Home: _____

Work: _____

Cell: _____

Home Address:

Address: _____

City: _____

State: _____

Zip: _____

II. Military Service

Branch of Service: _____

Date(s) of Service: _____

Type of Discharge: _____

Duties/Training: _____

*Applicants MUST complete entire application. Any part not completed will be grounds for non-consideration.

III. Education

High School: _____
Address: _____
Graduation Date: _____ Diploma/Degree/Major: _____

Career and
Technical School: _____
Address: _____
Graduation Date: _____ Diploma/Degree/Major: _____

College-
Undergraduate: _____
Address: _____
Graduation Date: _____ Diploma/Degree/Major: _____

College-
Undergraduate: _____
Address: _____
Graduation Date: _____ Diploma/Degree/Major: _____

College-
Graduate: _____
Address: _____
Graduation Date: _____ Diploma/Degree/Major: _____

List any additional skills/training you possess which could be considered beneficial to the position for which you are applying. If you currently hold a teaching license, list areas of license as written on your teaching license.

IV. Employment History

If presently employed, may we contact your employer? Yes No

Company:	_____	Address:	_____
Type of Business:	_____	City:	_____
Position:	_____	State:	_____
Supervisor:	_____	Zip:	_____
Date of Employment:	From: _____ To: _____	Reason for Leaving:	_____
Duties:	_____		

Company:	_____	Address:	_____
Type of Business:	_____	City:	_____
Position:	_____	State:	_____
Supervisor:	_____	Zip:	_____
Date of Employment:	From: _____ To: _____	Reason for Leaving:	_____
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Company:	_____	Address:	_____
Type of Business:	_____	City:	_____
Position:	_____	State:	_____
Supervisor:	_____	Zip:	_____
Date of Employment:	From: _____ To: _____	Reason for Leaving:	_____
Duties:	_____		

Company:	_____	Address:	_____
Type of Business:	_____	City:	_____
Position:	_____	State:	_____
Supervisor:	_____	Zip:	_____
Date of Employment:	From: _____ To: _____	Reason for Leaving:	_____
Duties:	_____		

V. Equal Opportunity Policy

Central Nine Career Center does not discriminate on the basis of race, color, religion, gender, national origin, age or individuals with disabilities, including limited English proficiency, in its programs or employment policies as required by the Indiana Civil Rights Act (I.C.22-9.1), Title VI and VII (Civil Rights Act of 1964), the Equal Pay act of 1973, Title IX (Educational Amendments), and Section 504 (Rehabilitation Act of 1973). Inquiries regarding compliance with title IX and Section 504 may be directed to the Director, Central Nine Career Center, 1999 US 31 South, Greenwood, IN 46143, 317-888-4401.

VI. Authorization and Release of All Claims

I authorize Central Nine Career Center to check my employment history, without limitation, including reference checks, and to seek the release of investigatory information, including an agency. I authorize these private or public employers or local, state or federal agency to provide Central Nine any information they may have concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information. In connection with any request for or the providing of such information, I expressly release Central Nine, its officials, employees, trustees and agents and any provider of such information from any and all claims, demands, costs, expenses and causes of action including without limitation defamation, infliction of emotional distress, invasion of privacy or interference with contractual relations.

VII. Background Information

- Yes No Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?
- Yes No Have you ever been reprimanded, disciplined, discharged or asked to resign from a prior position?
- Yes No Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation or sexual conduct with another person, mishandling of funds or criminal conduct?
- Yes No Have you ever been charged with or investigated for physical or sexual abuse of another person?
- Yes No Have you ever been charged with, pleaded "guilty" or "no contest", or been convicted of any crime involving sexual abuse or any other crime of moral turpitude?
- Yes No Have you ever been convicted of a misdemeanor or felony or ever entered a plea of "guilty" or "no contest", or has any court ever deferred further proceedings without entering a finding of guilty or placed you on probation for any crime?

If you answered yes to any one of the previous six (6) questions, please attach a written explanation, including the date of the incident, charges, any court action, the offense in question and the address of any court involved. Please note that criminal convictions that have been lawfully expunged are not required.

VIII. Authorization to Release Employment and Criminal History Information

I hereby authorize you to release to Central Nine Career Center, Greenwood, Indiana, any and all personal and employment records pertaining to my employment by your company, including but not limited to, my application for employment, work records and performance evaluations. I also authorize the Indiana State Police, the Police Department, County Sheriff's Department or the Federal Bureau of Investigation to release to Central Nine Career Center files pertaining to me.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein and in sections VI and VII of this application. I also understand that falsification of facts on this application shall be considered sufficient cause for disqualification or dismissal. References and personal information which become part of this record are to be regarded as confidential and will not be revealed.

Note: A photocopy of this authorization shall be as valid and binding as the original.

Signature

Date

Date of Birth

(National Criminal Background Check Required)

IX. Professional References (REQUIRED)

Name:	_____	Address:	_____
Employer:	_____	City:	_____
Title:	_____	State:	_____
Telephone:	_____	Zip:	_____

Name:	_____	Address:	_____
Employer:	_____	City:	_____
Title:	_____	State:	_____
Telephone:	_____	Zip:	_____

Name:	_____	Address:	_____
Employer:	_____	City:	_____
Title:	_____	State:	_____
Telephone:	_____	Zip:	_____

X. Personal Reference (OPTIONAL)

Name:	_____	Address:	_____
Employer:	_____	City:	_____
Title:	_____	State:	_____
Telephone:	_____	Zip:	_____

Application materials must be submitted via email to:

Mike Quaranta, Assistant Director
mquaranta@central9.k12.in.us