



DAVIESS - MARTIN
DMSEC
SPECIAL EDUCATION COOPERATIVE

(812) 254-1530
www.dmsec.org
P.O. Box 637, 201 E. Main St., 5th Floor
Washington, IN 47501

APPLICATION FOR EMPLOYMENT

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL INFORMATION

NAME _____ DATE _____

PHONE _____ SSN _____ DOB _____

PERSONAL (NOT WORK/BUSINESS) EMAIL ADDRESS _____

MARITAL STATUS (CIRCLE):

MARRIED

SINGLE

SEPARATED

DIVORCED

WIDOWED

PRESENT ADDRESS _____
STREET CITY STATE ZIP CODE

How long have you lived at present address? _____

PREVIOUS ADDRESS _____
STREET CITY STATE ZIP CODE

How long did you live there? _____

Position(s) you are applying for: _____

Would you work (Circle all that apply) **FULL-TIME** **PART-TIME** **SUBSTITUTE**

If your application is considered favorably, on what date will you be available for work?

Would you work at (Circle all that apply)

BARR-REEVE

LOGOOTE

NORTH DAVIESS

WASHINGTON



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SUBSTITUTES ONLY

Are you currently licensed as a sub? If so, where?

Are you a retired teacher with a current license to teach, if so, how many days are you licensed to teach?

TEACHERS ONLY

List all areas/grade levels of certification _____

Degree(s) _____

Number of years teaching experience at Public Schools _____

Other
 (specify) _____

Grand Total year teaching experience _____

ALL APPLICANTS

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

COMPANY NAME/ ADDRESS		DATES FROM - TO		POSITION HELD	
DESCRIPTION OF WORK		REASON FOR LEAVING		SUPERVISOR NAME & PHONE NUMBER	



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CONTINUE TO LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

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DESCRIPTION OF WORK		REASON FOR LEAVING		SUPERVISOR NAME & PHONE NUMBER	

RECORD OF EDUCATION

HIGHEST LEVEL OF EDUCATION COMPLETED	SCHOOL NAME & LOCATION	DATE OF GRADUATION	DEGREE EARNED

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

FIRST AND LAST NAME	OCCUPATION	PHONE NUMBER



REQUEST FOR BACKGROUND INFORMATION

Employment with Daviess Martin Special Education Cooperative involves contact with our student population. Please complete the following questions to help us evaluate your suitability to work with these young people. You are not being singled out for closer inspection. This is part of the application itself and any misrepresentation or omission of facts may be grounds for disqualification from further consideration or for termination of employment regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative answer provided by you is not an automatic barrier to employment. The school corporation will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer?

YES

NO

2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated?

YES

NO

3. Have you ever been investigated for, charged with, or pleaded guilty or no contest to any crime involving the sexual abuse of any person or indecency with a minor?

YES

NO

4. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilty and place you on probation or in a public service or education program?

YES

NO

5. Do you presently have any pending charges against you, other than a minor traffic offense?

YES

NO

*******IF YOU ANSWERED YES TO ANY OF THE 5 QUESTIONS ABOVE EXPLAIN THE CIRCUMSTANCES ON A SEPARATE SHEET AND ATTACH IT TO THIS APPLICATION. *******



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AUTHORIZATION AND RELEASE

I authorize Daviess Martin Special Education Cooperative to check my employment history, including without limitation reference checks and to seek the release of investigatory information, including a limited criminal history that might be 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 Washington Community Schools any information they might have concerning the matters described herein, 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 school corporation, its officials, employees, trustees, or agents, or against any provider of such information. I have read this authorization and release of all claims and I expressly agree to the terms set out herein.

SIGNATURE _____

PLEASE PRINT NAME _____

TODAY'S DATE _____