

**MT. VERNON COMMUNITY SCHOOL CORPORATION**

One Shoppell Blvd., 1776 W. State Road 234

Fortville, IN 46040

Phone (317) 485-3100 – Fax (317) 485-3113

*"Excellence in Education"*

Date \_\_\_\_\_

Name \_\_\_\_\_

SS# \_\_\_\_\_

Present Address \_\_\_\_\_  
Street

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subjects/Grades certified to teach \_\_\_\_\_

Kind of certificate (circle):    Limited    Reciprocal    Provisional    Standard    Professional    Permanent

Date of expiration \_\_\_\_\_ Remarks \_\_\_\_\_

Major Areas (40 or more semester hrs.) \_\_\_\_\_

Minor Areas (34 or more semester hrs.) \_\_\_\_\_

TEACHING PREFERENCE IN AREA OF CERTIFICATION: SUBJECT MATTER AND/OR GRADE LEVEL

First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Date Available for Employment \_\_\_\_\_ Are you registered with a college placement bureau? \_\_\_\_\_  
If so, where? \_\_\_\_\_

EDUCATION – Please list all education above the ninth grade:

Institution	City	State	Zip	Dates Attended	Total Years	Year of Graduation	Degree

STUDENT TEACHING

School System	Subject /Grades Taught	Supervisor	Date	
			From	To

TEACHING EXPERIENCE: List all places you have taught, last place first, use additional sheet if necessary.

Employing School Corp.	Street	City	State	Zip	No. of Years	Dates		Reason for Leaving
						From	To	

If less than one year, specify number of days

Military Service-Branch \_\_\_\_\_ Period of Service \_\_\_\_\_ / \_\_\_\_\_  
 Day,Mo.,Yr. Day,Mo.,Yr.

What extra-curricular activities would you be willing to direct? (Asterisk those in which you have had prior experience.)

What professional journals do you subscribe to or read regularly? \_\_\_\_\_

Have you missed over 10 days work in the past two years? ( ) Yes ( ) No.

Do you have any physical handicaps, diseases, or ailments which might interfere with or be aggravated by your work? ( ) Yes ( ) No.

Has your teaching contract ever failed to be renewed? ( ) Yes ( ) No.

Have you ever been compelled to resign a teaching position? ( ) Yes ( ) No.

Have you ever been convicted of a felony or are you currently charged with a felony? ( ) Yes ( ) No.

Please explain in detail any "YES" answers to questions 18 through 23: \_\_\_\_\_

REFERENCES – The earliest date we may contact these people is \_\_\_\_\_.

List those who can speak with authority of your preparation and experience (no relatives):

Name	Street	City	State	Zip	Occupation	Phone

List individuals whom you personally know who are employed by the Mt. Vernon Schools.

a. \_\_\_\_\_ c. \_\_\_\_\_

b. \_\_\_\_\_ d. \_\_\_\_\_

PLEASE ATTACH TO THIS FORM A WRITTEN DESCRIPTION OF NOT LESS THAN 200 WORDS OF YOUR PHILOSOPHY OF EDUCATION AND THE TRAITS/SKILLS YOU POSSESS THAT WILL MAKE YOU A SUCCESSFUL TEACHER IN THE MT. VERNON COMMUNITY SCHOOL CORPORATION.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION AND RELEASE

I authorize the MVCSC to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited criminal history" possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employers or local, state or federal agencies to provide the MVCSC any information they may request concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I hereby certify that the information found within this application has been provided voluntarily, and I waive any right to assert discrimination on the basis of that which has been divulged. I also affirm that the information on this application is accurate to the best of my knowledge, and I understand that my application will be retained in current files for a period of one year. I understand that future employment may be terminated if the information contained herein has been willfully misrepresented to enhance my application.

I expressly waive in connection with any request for, or provision of such information, any claims or accuses of action including, without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school district, its officials, employees, trustees or agents, or against any provider of any information.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### OTHER QUESTIONS

- Yes  No 1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?
- Yes  No 2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
- Yes  No 3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual conduct with another person, mishandling of funds, or criminal conduct?
- Yes  No 4. Have you ever been charged with or investigated for physical sexual abuse of another person?
- Yes  No 5. Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of, any crime involving sexual abuse of any person or any other crime of moral turpitude?
- Yes  No 6. Have you ever been convicted of a misdemeanor and/or felony or ever entered a plea of guilty or a plea of "no contest," or has any court ever deferred further proceedings without entering a finding of guilty or placed you on probation for a crime?
- Yes  No 7. Have you missed over ten (10) days of work in the past two (2) years?
- Yes  No 8. Have you had a serious illness in the last five (5) years?
- Yes  No 9. Do you have any physical limitations, diseases, or ailments which might interfere with or be aggravated by your work?
- Yes  No 10. If selected for interview, will you consent to the Mt. Vernon Community School Corporation obtaining a credit history report?

If you have answered "yes" to any of the first nine (9) questions, please explain on a separate paper, including the date of the incident, charge, any court action taken, the offense in question, and the address of any court involved, or the nature of the illness or injury, the date incurred, and the physician involved.

I understand that any false or misleading information provided in this application shall be sufficient grounds to refuse employment, and/or for contract termination.

Signature: \_\_\_\_\_ Date \_\_\_\_\_