**School Administrative Unit 23 Employment Application revised 6-14**

**2975 Dartmouth College Hwy, Suite 1, North Haverhill, NH, 03774**

**Telephone (603) 787-2113 Fax (603) 787-2118 E-Mail sau23@sau23.org**

             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name

Are you legally eligible for employment in the U.S.? ▢ Yes (Proof of eligibility is required if you are hired) ▢ No

SSN (Optional):

PRESENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City, Zip Code)

PERMANENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different) Address (Street, City, Zip Code)

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION APPLYING FOR: (PLEASE CHECK)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **▢** | Teacher / Specialist | **▢** | Administrator | **▢** | School Lunch | **▢** | Coach | **▢** | Other: |
| **▢** | Instructional Aide | **▢** | Custodian | **▢** | Office Personnel | **▢** | Substitute |  |  |

SUBSTITUTE CANDIDATES ONLY:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All Grades (Y) | Or Specify Grades | Lunch | Custodian | Other (Please Specify) |
| Bath (K – 6) | **▢** |  | **▢** | **▢** |  |
| Piermont (K – 8) | **▢** |  | **▢** | **▢** |  |
| Warren (K – 6) | **▢** |  | **▢** | **▢** |  |
| Woodsville Elementary (K – 3) | **▢** |  | **▢** | **▢** |  |
| Haverhill Cooperative (4 – 8) | **▢** |  | **▢** | **▢** |  |
| French Pond (4 – 8) | **▢** |  | **▢** | **▢** |  |
| Woodsville High (9 – 12) | **▢** |  | **▢** | **▢** |  |
| King Street (9 – 12) | **▢** |  | **▢** | **▢** |  |

DAYS AVAILABLE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All **▢** | Monday  **▢** | Tuesday **▢** | Wednesday **▢** | Thursday **▢** | Friday **▢** |

TIME AVAILABLE (COMPLETE ONLY IF INTERESTED IN PART TIME WORK)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday: | Tuesday | Wednesday | Thursday | Friday |

Are you a certified New Hampshire educator?

**▢** Yes: Educator ID Number       **▢** No **▢** N/A

Are you a certified educator in another state?

**▢** Yes: State       **▢** No **▢** N/A

Please provide copies of all certification documents with your application

|  |  |
| --- | --- |
| **CERTIFICATIONS: If you answered yes to the question above,** **please complete the following chart for each certification**  CERTIFICATION EXPIRATION DATE | |
|  |  |
|  |  |
|  |  |
|  |  |

**EDUCATION (**most recent first – attach additional pages if necessary**)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| COLLEGE or UNIVERSITY | DATE STARTED | DATE FINISHED | MAJOR | MINOR | DEGREE | DEGREE AWARDED | DATE OF DEGREE |
|  |  |  |  |  |  | **▢** |  |
|  |  |  |  |  |  | **▢** |  |
|  |  |  |  |  |  | **▢** |  |
|  |  |  |  |  |  | **▢** |  |

**Please provide copies of transcripts for all professional applications (Teacher, Administrator). Please attach Additional pages, if necessary.**

|  |
| --- |
| **EXPERIENCE** (most recent first – attach additional pages if necessary) |

|  |  |  |
| --- | --- | --- |
| **DATES (M/D/Y)** | Employer: | Your Title: |
| FROM: | Address: |  |
|  |  | Reason for Leaving: |
|  | Phone: |  |
| TO: | Work Performed: | Yearly Salary: |
|  | Name / Title of Supervisor: |  |

|  |  |  |
| --- | --- | --- |
| **DATES (M/D/Y)** | Employer: | Your Title: |
| FROM: | Address: |  |
|  |  | Reason for Leaving: |
|  | Phone: |  |
| TO: | Work Performed: | Final Yearly Salary: |
|  | Name / Title of Supervisor: |  |

|  |  |  |
| --- | --- | --- |
| **DATES (M/D/Y)** | Employer: | Your Title: |
| FROM: | Address: |  |
|  |  | Reason for Leaving: |
|  | Phone: |  |
| TO: | Work Performed: | Final Yearly Salary: |
|  | Name / Title of Supervisor: |  |

|  |  |  |
| --- | --- | --- |
| **DATES (M/D/Y)** | Employer: | Your Title: |
| FROM: | Address: |  |
|  |  | Reason for Leaving: |
|  | Phone: |  |
| TO: | Work Performed: | Final Yearly Salary: |
|  | Name / Title of Supervisor: |  |

|  |  |  |
| --- | --- | --- |
| **DATES (M/D/Y)** | Employer: | Your Title: |
| FROM: | Address: |  |
|  |  | Reason for Leaving: |
|  | Phone: |  |
| TO: | Work Performed: | Final Yearly Salary: |
|  | Name / Title of Supervisor: |  |

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| --- |
| **REFERENCES:** List supervisors and others with first-hand knowledge of your professional performance. The applicant is responsible to have reference letters as well as placement papers forwarded. |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **POSITION** | **ADDRESS** | **TELEPHONE** |
|  |  |  |  |
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**BACKGROUND AND CRIMINAL HISTORY CHECKS**

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 is acceptable to the School District.

**GENERAL BACKGROUND INFORMATION**

You must give complete answers to all questions. If you answered, "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

***Professionally Disciplined*** means the annulment, revocation or suspension of your teaching certification, or the receipt of a letter of reprimand from an agency, board or commission of state government, such as the New Hampshire Department of Education.

***Criminal Offense*** includes all felonies and misdemeanors.

***Conviction*** includes adjudication's of guilt, pleas of guilty, pleas of "nolo contendre" (no contest), and determinations before courts, juries, judges or magistrates, which resulted in fines, sentences or probation.

You may omit: Minor traffic violations, and offenses committed before your 18th birthday, which were adjudicated in juvenile court under a juvenile delinquency law.

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a criminal offense? | Yes **▢** | No **▢** |
| Are you currently charged with a criminal offense? | Yes **▢** | No **▢** |
| Have you been fired, dismissed or non-renewed from any job for any reason? | Yes **▢** | No **▢** |
| Have you quit a job after being notified that you would be fired, dismissed or non-renewed, or after being notified that you would be recommended for firing, dismissal or non-renewal? | Yes **▢** | No **▢** |
| Have you ever been professionally disciplined in any state? | Yes **▢** | No **▢** |
| Are you subject to any visa or immigration status, which would prevent lawful employment? | Yes **▢** | No **▢** |

NOTE: If you answered "YES" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet and include your social security number.

**CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for rejecting my application, withdrawing of any offer of employment, or terminating my employment.

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 School Administrative Unit # 23 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 School Administrative Unit #23. I further authorize the School Administrative Unit #23 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.

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| --- | --- |
|  |  |
| **Date** | **Signature** |
|  | ***Applications remain on file until December 31 of each year.*** |

The School Administrative Unit #23 does not discriminate in its educational programs, activities or employment practices based on age, sex, race, color, marital status, physical or mental disability, religion, national origin, or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1975, the Americans with disabilities Act of 1990 and New Hampshire RSA 354-A. Information relative to special accommodation and the designated responsible official for compliance with Title VI, Title IX, and section 504 may be obtained by contacting the School District. If you need accommodations in completing this application, please contact the School District.

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Hire |  | Date Approved by Board |  |
| Name of District |  | Date of Background and Criminal History Check |  |
| Name of School |  | Name / Date of Reference Check (at least three are required unless approved by the Superintendent) | 1.  2.  3. |
| Rate of Pay |  |  |  |
| First Day of Work |  |  |  |
| Number of Hours per Day |  |  |  |
| Position (be specific) |  |  |  |
| Employer Signature: |  |  |  |