

Old National Trail Special Services Inter-Local

Applying for: FULL TIME _____ PART-TIME _____ SUBSTITUTE _____

Position Applying for: Occupational Therapist _____ Psychologist _____ Teacher _____

Speech Pathologist _____ Physical Therapist _____ Other _____

CERTIFIED APPLICATION FORM

PERSONAL DATA

Name: _____
 Last First Middle

Present Address: _____
 Number and Street City State Zip Code

Present Telephone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Social Security Number: _____
 NOTE: Required to complete a criminal background check

Indiana Teacher Retirement Number: _____

CERTIFICATION

Type of Indiana License or Certification	Levels Covered	Date of Issue	Date of Expiration
Physically Handicapped/Orthopedic Impairments			
Visually Impaired			
Hearing Impaired			
Emotionally Handicapped/Disturbed			
Severe Mentally Handicapped			
Learning Disabled			
Mildly Mentally Handicapped			
Mild Disabilities (LD, MIMH)			
Mild Intervention (LD, MIMH, ED)			
Moderately Mentally Handicapped			
Severe Disabilities			
Intense Intervention			
School Psychologist			

Speech/Language Pathologist			
Occupational Therapist			
Physical Therapist			
Other:			

If you do not hold a valid Indiana license, are you qualified to meet the Indiana Certification requirements? YES ____ NO ____

If YES, in what areas/levels? _____

Licenses Held in Another State: _____

Date of Issue: _____ Date of Expiration _____

TEACHING AREAS AND PREFERENCES

List grades and or subjects qualified to teacher in order of preference:

Grade Level	Area
1 st _____	_____
2 nd _____	_____
3 rd _____	_____

Comments: (Please include a statement of how your education and experience have prepared you for the position you are applying).

PROFESSIONAL PREPARATION

Name of High School _____ City and State _____

Date of Graduation _____

COLLEGE(S) ATTENDED

Name, City and State	Dates Attended
_____	_____
_____	_____
_____	_____
_____	_____

Total number of semester hours beyond the date the bachelor's degree was conferred: _____

Total number of semester hours beyond the date the master's degree was conferred: _____

List Majors and Minors _____

Credentials on file at _____ File Number _____

TEACHING EXPERIENCE
 (Start with last or present position and work backward)

IMPORTANT: Please list all teaching experience starting with present position and working backward. If additional space is needed, attach a supplemental page.

Dates From/To	No. Years in Position	Full or Part-time	Regular or Substitute	Public or Private	Grade(s) and Subject(s)	School: Name, Address, Phone	Principal/Supervisor

SUMMARY OF YEARS OF REGULAR TEACHING EXPERIENCE

Elementary _____ Middle School _____ Junior High School _____ High School _____ College _____ Total _____

OTHER WORK EXPERIENCE

Type of Position	Employer	Address	Dates of Employment

ACTIVE MILITARY SERVICE

Branch of Service	Dates: From/To	Type of Discharge	Total Military Time Years/Months

REFERENCES

Full Name _____	Relationship _____
Company _____	email & phone # _____
Address _____	
Full Name _____	Relationship _____
Company _____	email & phone # _____
Address _____	
Full Name _____	Relationship _____
Company _____	email & phone # _____
Address _____	
Full Name _____	Relationship _____
Company _____	email & phone # _____
Address _____	

If Summer, please provide good phone number for the references in addition to school phone numbers.

BACKGROUND INFORMATION STATEMENT AND RELEASE OF CLAIMS:

PLEASE READ CAREFULLY AND DO NOT SIGN UNLESS YOU UNDERSTAND AND AGREE TO EACH OF ITS PROVISIONS.

General Information

Employment with Old National Trail Inter-Local requires continued compliance with established standards of conduct. These standards are based upon the Corporation's duty to protect its students and employees and provide an example of acceptable adult behavior for its students.

The information provided in this statement is an important part of your application for employment. Any material omission in it will disqualify you from further consideration for employment or termination if you are employed.

Arrests, criminal charges and convictions will be considered based upon established administrative guidelines and qualifications standards and essential functions of the position applied for. A copy of the administrative guidelines on the use of this information is available to you upon request. An affirmative answer to a question in this background statement will not be an automatic bar to employment.

If you have any doubt about whether a particular incident or circumstance should be fully disclosed in the statement, you should err in favor of disclosing and explain the circumstance.

Pre-employment Questions

Please answer each of the following questions completely and accurately. Attach and label separate sheets of paper necessary to answer each question.

Have you ever been discharged, asked to resign from a prior position, or resigned from a prior position without being asked, but under circumstances involving your employer's investigation of an incident which could have resulted in your being discharged?

___ Yes ___ No If yes, explain the circumstances on a separate sheet and attach it to this application.

Has your conduct ever been the subject of an investigation into a violation of state or federal law? For the purpose of this question "state or federal law" includes laws prohibiting violation of civil rights, discrimination based on sex, race, disability, religion or national origin and harassment based on these characteristics.

___ Yes ___ No If yes, please explain fully and provide names of person involved, dates and status.

Have you ever been arrested for, charged with, indicated for or convicted of a crime?

___ Yes ___ No If yes, please provide the following for each incident.

- What was alleged?
- By Whom?
- Who Investigated?
- What was the result of the investigation

Have you ever been sued or named in an administrative agency complaint (such as the Equal Employment Opportunity Commission of the Indiana Civil Rights Commission) for any act related to your employment?

___ Yes ___ No If yes, please describe fully on a separate sheet.

I AFFIRM UNDER PENALTY OF PERJURY THAT INFORMATION PROVIDED BY ME IN RESPONSE TO THESE PRE-EMPLOYMENT QUESTIONS IS TRUE AND COMPLETE.

Authorization to Obtain Information

For the consideration of my application for employment by Old National Trail Inter-Local, I authorize the Director of the school corporation or his/her designee to investigate my background and employment history, including, but not limited to, inquiring as to my performance on prior jobs, reference checks and obtaining criminal history and driving history information.

I authorize my former employers, supervisors, my references and local, state and federal law enforcement agencies to cooperate fully in providing this information. I also agree to cooperate fully as necessary to obtain this information.

Signature _____ Date _____

Waiver of Claims

For consideration of my application for employment by Old National Trail Special Services Inter-Local and those providing truthful information in this process, as well as their agents, officers, attorneys and employees in their official and individual capacities, from any and all claims, demands, liabilities and causes of action including, but not limited to, a claim for the defamation, slander, libel and invasion or privacy except to the extent that they have intentionally provided false information or represent un-investigate information as verified.

TO THE APPLICANT: THIS IS A WAIVER OF CERTAIN TYPES OF CLAIMS THAT MAY NOW EXIST OR MAY LATER ARISE AGAINST PERSON AND ORGANIZATIONS INVOLVED IN THE INVESTIGATION OF YOUR BACKGROUND. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT OR DO NOT MEAN TO AGREE TO IT IN ALL RESPECTS.

Signature _____ Date _____

(7.12.2018)

**Old National Trail Special Services
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