



School District of the City of Harper Woods



Application Form

20225 Beaconsfield, Harper Woods, MI 48225

Phone: 313-245-3016 • Fax: 313-839-1249

District Name: _____ Position: _____

To be considered an applicant, please complete this form and provide the following:

1. A **cover letter** setting forth in detail your qualifications and how they align with the responsibilities listed on the job posting for this position, reasons for interest in the position, and demographics of your current district of employment.
2. A **current resume** and any additional relevant information.
3. **Transcripts.**
4. Names and current complete contact information for **five professional references as well as at least three reference letters.**
5. A **brief description of the moves** in your professional career and **as well as key professional accomplishments.**

Mr./Ms./Dr.	First Name	Middle Initial	Last Name
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Address	City	State	Zip
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Email address _____ Fax _____

Phone (H) _____ (W) _____ Cell phone _____

EDUCATION (List most recent degree first.)

Institution	Location	Major/Minor	Degree Received	Year

List Professional Certificates and/or licensure you now hold: _____

EMPLOYMENT HISTORY (List all present and past professional employment, beginning with the most recent.)

Employer/Address/ Phone No.	Position	Dates From/ To	Final Salary	Reason for Leaving

Employer/Address/ Phone No.	Position	Dates From/ To	Final Salary	Reason for Leaving

Current Annual Salary: _____ Date available to begin work: _____

Are you presently under contract? Yes _____ No _____ Contract expiration date: _____

Contract renewed for next year? _____ Please explain: _____

Are you eligible to work in the United States? Yes No

If you have been convicted of or pled guilty to a felony, you will not be employed. Have you ever been convicted of a felony?
 Yes No Have you ever been convicted of or pled guilty to any of the following crimes: criminal sexual conduct in any degree, assault with intent to commit criminal sexual conduct in any degree, attempt to commit criminal sexual conduct in any degree, felonious assault on a child, child abuse in any degree, attempt to commit child abuse in any degree, cruelty, torture, or indecent exposure involving a child?
 Yes No
 If yes, attach explanation to this application.

I agree to permit the employer to run a criminal history record search to be performed by the Michigan State Police.
 Yes No

Has your driver's license ever been revoked or suspended? Yes No *If yes, please attach explanation.*
 List any moving violations during the last three (3) years. _____

Do you hold a valid Michigan Teaching Certificate? Yes No
Have you ever had a teaching credential revoked, suspended or annulled? Yes No

Have you ever been dismissed from a position or asked to leave in lieu of discharge? Yes No
If yes, please attach explanation.

Does the employer or its agents have your permission to contact references and prior employers including your present employer?
 Yes No

Notice of Handicapper Rights

Michigan law requires that you notify the employer in writing within 182 days after you know or should have known that any accommodation for handicap will be necessary to permit you to perform the duties of the position for which you are applying. Request for accommodation forms are available at the Equal Opportunity Office. Submitting a request for accommodation will not affect your application for employment.

I hereby certify that each answer to a question, and all other information otherwise furnished, is true, complete and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand and agree that any falsification, misrepresentation or omission of fact either on this Application or during the pre-hire process will be reason for (1) my not being offered employment, or (2) dismissal at any time, if employed.

I authorize the employer to make any investigation of my personal or employment history and authorize any/all former employers, any person, firm, corporation, credit agency, or government agency to give any information they may have regarding me to any prospective employer. In consideration of the review of my application or providing information to a prospective employer, I release the employer and all providers of information from any liability as a result of furnishing and receiving this information.

____ (Check if applicable) *I request that my application and application materials remain as confidential as is reasonably possible under the applicable adopted laws and case law of the State of Michigan..*

Signature of Applicant _____ Date of Application _____