

# Lamoille North Supervisory Union

*Equal Opportunity Employers*

# APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

<b>Central/Superintendent's Office</b> 95 Cricket Hill, Hyde Park VT 05655 802-888-3142 <b>Belvidere Central School</b> 4515 Vt. Rt. 109, Belvidere VT 05492 802-644-5836 <b>Cambridge Elementary School</b> P.O. Box 160, Jeffersonville VT 05464 802-644-8821 <b>Eden Central School</b> 29 Knowles Flat Road, Eden VT 05652 802-635-6630 <b>Hyde Park Elementary School</b> 50 East Main St., Hyde Park VT 05655 802-888-2237 <b>Johnson Elementary School</b> 57 College Hill, Johnson VT 05656 802-635-2211 <b>Waterville Elementary School</b> 3414 Vt. Rt. 109, Waterville VT 05492 802-644-2224 <b>Lamoille Union Middle/High School</b> P.O. Box 304, Hyde Park VT 05655 802-888-4261 <b>Green Mtn. Technology/Career Ctr.</b> P.O. Box 600, Hyde Park, VT 05655 802-888-4447	Date Rec'd	Office Use - Check site receiving application, and record date.	Date of Application		
	First Name	M.I.	Last Name		
	Street Address or P.O. #				
	City		State	Zip	
	Home Phone		Work Phone [May we call you at work? Yes No ]		
	E-mail Address				
	Social Security Number		Date Available for Work		
	Have you ever been convicted of a felony? If yes, give date, place & type of conviction:			NO	YES
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?			NO	YES	

1. Are you applying for a specific posted or advertised position? If yes, please indicate the school/location and job title.

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School/Location

Job Title

2. In general, for what type of position are you applying? Check all that apply, and give details if applicable.

Check below all that apply:

Are you interested in specific schools, grades, subjects, and/or type of work?

<input type="checkbox"/> SUBSTITUTE TEACHER:
<input type="checkbox"/> CERTIFIED TEACHER/PROFESSIONAL STAFF:
<input type="checkbox"/> TEACHING ASSISTANT/PARA-EDUCATOR:
<input type="checkbox"/> OFFICE/CLERICAL/BOOKKEEPING:
<input type="checkbox"/> CUSTODIAL/MAINTENANCE:
<input type="checkbox"/> OTHER:

3. Are you now or were you ever employed by the LNSU or a member school district? If yes, please describe briefly.

NO	YES	Details: What school/site & job? When & for how long?
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4. SCHOOLS/COLLEGES YOU HAVE ATTENDED:

	Name of School	City/State	# years completed	Major or Course of Study	Degree, Diploma or Certificate Obtained	Date Obtained
High School						
College #1						
College #2						
Other						

5. FORMAL LICENSES/CERTIFICATIONS YOU CURRENTLY HOLD:

<input type="checkbox"/> Vermont Educator/Teacher License/Certification. Specify field/type:
<input type="checkbox"/> Out-of-State Educator/Teacher License/Certification. Specify state & field/type:
<input type="checkbox"/> Other professional, technical or vocational licenses or certifications. Specify:

## 6. EMPLOYMENT HISTORY

Please list your current and previous employers, beginning with the most recent.

You may also use this section to list internships, apprenticeships or practicums, but be sure to clearly identify them.

			Dates of Employment	
<b>Employer #1</b>	City/State	Position Held	From (mo/yr):	To (mo/yr):
Summary of duties		Supervisor:	Phone:	
		Reason for leaving:		
<b>Employer #2</b>	City/State	Position Held	From (mo/yr):	To (mo/yr):
Summary of duties		Supervisor:	Phone:	
		Reason for leaving:		
<b>Employer #3</b>	City/State	Position Held	From (mo/yr):	To (mo/yr):
Summary of duties		Supervisor:	Phone:	
		Reason for leaving:		
<b>Employer #4</b>	City/State	Position Held	From (mo/yr):	To (mo/yr):
Summary of duties		Supervisor:	Phone:	
		Reason for leaving:		

You may continue listing employers on back, on a separate sheet, or attach a resume.

## 7. COMMUNITY SERVICE and PERSONAL INTERESTS & ACTIVITIES

that would tell us more about your skills and experience.


## 8. ADDITIONAL INFORMATION.

What previous training and/or experience do you consider to be most significant in preparing you for the position for which you are applying?


## 9. REFERENCES

If possible, attach 3 written letters of reference.

Reference's Name	Employer & Position Title (if applicable), and Relationship to you	Telephone [with area code, if not 802]

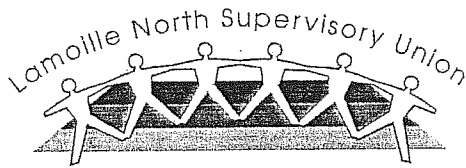
## 10. SIGNATURE

I certify that the above answers are true to the best of my knowledge and that I believe I can perform the essential duties and responsibilities of the position(s) for which I am applying. I understand that if I am offered and accept employment, I will be required to complete a Criminal Record Background Check, in accordance with Vermont statutes and State Dept. of Education guidelines, at my expense (reimbursable in some instances), or provide documentation of a CRBC done for another employer; and to provide proof of citizenship or immigration status.

Signature

Date





95 Cricket Hill Road · Hyde Park, VT 05655-9106 · 802.851-1173 · Fax 802.888.7908

RELEASE FOR SUBSCRIPTION SERVICE

Pursuant to Title 16, Chapter 5, Section 255 recognized Supervisory Union or Recognized School Officials are entitled to receive criminal conviction record information on an applicant applying for employment or volunteering for an educational facility. Title 20, Chapter 117, Section 2064 now allows an educational facility to receive conviction information on any criminal record with applicant permission during the course of employment.

**PLEASE PRINT CLEARLY & LEGIBLY**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

I give permission for the educational facility above to receive updates to my criminal conviction record via VCIC's subscription service

I **do not** give permission for the educational facility above to receive updates on my criminal conviction record.

I understand that this criminal record information will be used for reviewing my suitability for employment/ continued employment. I further understand that within 30 days of receiving the results of the record check or update, I have the right to appeal the findings in writing to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

This form is to be kept on file in your office for audit purposes. **DO NOT RETURN THIS FORM TO VCIC**