Lamoille North Supervisory Union

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employers	_		PLEASE PRINT CLEARLY			
Central/Superintendent's Office	Date Rec'd	Office Use - Check site receiving application, and record date.	Date of Application			
95 Cricket Hill, Hyde Park VT 05655 802-888-3142		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		-	
Belvidere Central School	First Name	M.I.	Last Name			
4515 Vt. Rt. 109, Belvidere VT 05492 802-644-5836						
Cambridge Elementary School	Street Addres	s or P.O. #				
P.O. Box 160, Jeffersonville VT 05464 802-644-8821						
Eden Central School	City		State	Zip		
29 Knowles Flat Road, Eden VT 05652 802-635-6630						
Hyde Park Elementary School	Home Phone	den managen de la companya de la com	Work Phone [May we call yo	u at work?	Yes	No]
50 East Main St., Hyde Park VT 05655 802-888-2237						1
Johnson Elementary School	E-mail Addres	ŝS	· · · · · · · · · · · · · · · · · · ·			
57 College Hill, Johnson VT 05656 802-635-2211						
Waterville Elementary School	Social Security	y Number	Date Available for Work			
3414 Vt. Rt. 109, Waterville VT 05492 802-644-2224						
Lamoille Union Middle/High School	Lamoille Union Middle/High School Have you ever been convicted of a felony? If yes, give date, place & NO YES					
P.O. Box 304, Hyde Park VT 05655 802-888-4261	type of convict	tion:				
		YES				
P.O. Box 600, Hyde Park, VT 05655 802-888-4447	because of Vis	sa or Immigration status?		-		
1. Are you applying for a specific poste	d or advertise	d position? If yes, please	indicate the school/location	and job t	itle.	
	. 1					1

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?

	SUBSTITUTE TEACHER:	
	CERTIFIED TEACHER/PROFESSIONAL STAFF:	
_	TEACHING ASSISTANT/PARA-EDUCATOR:	
	OFFICE/CLERICAL/BOOKKEEPING:	
	CUSTODIAL/MAINTENANCE:	
	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?

					<u></u>	
4. SCHOOLS/CO	DLLEGES 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:

 Vermont Educator/Teacher License/Certification. Specify field/type:

 Out-of-State Educator/Teacher License/Certification. Specify state & field/type:

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 internship	os, apprenticeships or practicu	ims, but be sure to clearly identify them.	Dates of Empl	oyment	
Employer #1	City/State	Position Held	From (mo/yr):	To (mo/yr):	
Summary of duties		Supervisor:	Phone:		
		Reason for leaving:			
Employer #2	City/State	Position Held	From (mo/yr):	To (mo/yr):	
Summary of duties		Supervisor:	Phone:		
	มากกลางแกรงการสุดที่มีความสายสายสายสายสายสายสายสายสายสายสายสายสายส	Reason for leaving:	· · · · · · · · · · · · · · · · · · ·		
Employer #3	City/State	Position Held	From (mo/yr):	To (mo/yr):	
Summary of duties		Supervisor:	Phone:		
	ากการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบก พร้างสามารถประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการประกอบการปร -	Reason for leaving:			
Employer #4	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 posiition for which you are applying?

9. REFERENCES

If possible, attach 3 written letters of reference.

	i possible, attach o written letters of reference.			
Reference's Name	Employer & Position Title (if applicable), and Relationship to you	Telephone [with area code, if not 802]		
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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.

RECORD CHECK AUTHORIZATION	÷.,
FOR LICENSED CHILD CARE PROGRAMS	• •
Print all information	
Print the name of the Child Care program exactly as it appears on the License Certifica	ite:

TOHNSON FLEMENTARY PRE-SCHOOL PROGRAM 1577					
JOHNSON ELEMENTARY PRE-SCHOOL PROGRAM1577(Program Name)(Certificate Number)					
JES BEYOND THE BELL AFTER-SCHOOL &	SUMMER PROGRAM 25026				
(Program Name)	(Certificate Number)				
(NOTE: Both licensed child care programs are operated by the employees/volunteers of either/both programs are employees/volunteer listed below may be assigned to either or both	Johnson Elementary School/Johnson Town School District, and all plunteers of the Johnson Elementary School. The staff th of the above licensed care programs.)				
Town in which the Child Care Program is located: 802-635-2211	JOHNSON				
(Telephone # at the Child Care Program)	Home telephone number of the employee				
Owner Cook Other					
Print:(Last Name)(First]	Name) (Middle Name)				
Print maiden name and all other last names used:	×				
Social Security # (Optional):	Date of Birth:,				
Place of Birth:(Town) (State)	Employment Start Date:				
Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against him/her? Yes No. If YES, give conviction description: (attach					
additional sheets as needed)					
I understand that the Agency of Human Services ma investigations into my personal references, including maintained by the Vermont Criminal Information Co neglect records maintained by the Agency.	g, but not limited to, criminal records				
Furthermore, I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Criminal information Center by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT -05671-2102.					
Signature:	Date:				
DIBINUTE,					

Please Return the WHITE page to : Child Development Division 103 South Main Street, A Building Waterbury, VT 05671-5500

Physical Address of Employee/Volunteer:___



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 <u>do not</u> 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