

School Administrative District No. 43

3 Recreation Drive, Mexico, Maine 04257
207-364-7896 - FAX 207-364-5609 - Special Education 207-364-7820
E-mail - MSAD43@mtvalleyhs.sad43.k12.me.us

APPLICATION FOR EDUCATIONAL TECHNICIAN II POSITIONS

MAINE SAD #43 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Date _____ Social Security No. _____-_____-_____

Name _____

Permanent Address _____ Telephone No. _____

Temporary Address _____ Telephone No. _____

EDUCATION: Transcripts, including grades, from all college(s)/university(s)/attended must be provided. It is essential that this section be completed accurately.

College/University Attended	Degree Awarded (if any)	No. of Credits Attained	Grade Point Average
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION: List authorization(s) you hold and provide copies.

Type	State	Date Issued	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____

If you do not hold Maine Authorization, for what type of Maine Authorization are you applying and eligible?

NOTE: Applicants who do not hold Maine Authorization should direct an inquiry to the Maine Department of Education, Division of Certification and Placement, Augusta, Maine 04333.

CRIMINAL HISTORY RECORD CHECK State _____ Date Issued _____ Date of Expiration _____

EXPERIENCE: A resume must be provided. In addition to educational background and work experience, include extra-curricular activities in which you have been involved. Please list below positions held, employer and dates of employment for the past ten years. Please account for any gaps in employment on a separate page.

From (month/year)	To (month/year)	Employer	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND:

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes ____ No ____

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes ____ No ____

Has your contract in a prior position ever been non-renewed? Yes ____ No ____

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes ____ No ____

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes ____ No ____

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes ____ No ____

Have you ever entered a plea of guilty or no contest (nolo contendere) to any crime (other than a minor traffic offense)? Yes ____ No ____

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes ____ No ____

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes ____ No ____

If you have answered YES to any of the previous questions, provide full details below including, with respect to court actions, the date, offense in question, and the address of the court involved. Attach additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

REFERENCES: List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

Name	Position	Address	Telephone
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

SIGNATURE:

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that MSAD #43 contacts in connection with my employment application to fully provide MSAD #43 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against MSAD #43 its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Signature/Date

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF MSAD #43 NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

NOTE: PROSPECTIVE APPLICANTS MUST MEET THE REQUIREMENTS FOR FINGERPRINTING AS DETERMINED BY THE STATE OF MAINE WITHIN (20) TWENTY DAYS OF EMPLOYMENT BY MSAD #43.