

School Union 69 Hope-Appleton-Lincolnville PO Box 539 2561 Atlantic Highway Lincolnville, ME 04849

(207) 763-3818 Fax (207) 763-4262

Application for Support Staff Personnel

Maine School Union 69 is an EOE and does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination

Name:		Date:	
Address:			
Phone:		Email:	
Position Applying for:		Locatio	n:
When will you be availal	ole?		
Fingerprinted by the Ma	ine Department of Ed	ducation: Yes No	
If no, please provide dat	e of fingerprinting: _		
Education: Starting with	high school, please	list any schools or colle	ges you have attended.
School Attended	<u>Address</u>	Grad. Date	<u>Degree</u>
Special Skills:			
Do you hold a valid drive	er's license?	State: Endorse	ments:
With what office machine	es are you familiar?		
What other special skills relevant to this position:	do you have or licer	nses/authorizations do y	ou hold that may be

Work Experienc	<u>e:</u>				
•	•	_	with the most recent job n years. Use a separate		
From (mo/yr) To (mo/yr) Position		<u>Duties</u>	<u>Employer</u>		
Background:					
Have you ever b	een discipl	lined, discharged	l, or asked to resign		
from a prior pos	Yes	No			
Have you ever r	Yes	No			
Has your contra	Yes	No			
Have you ever r	not been no	minated to re-em	nployment in a prior posi	tion	
or ever had you	Yes	No			
Have you ever h	nad a profe	ssional license o	r certificate suspended c	or revoked	
in any state, or l	nave you e	ver voluntarily su	rrendered, temporarily o	r permanently	, а
professional lice	nse or cert	ificate in any stat	te?		
				Yes	No
If you have ansv sheet.	wered YES	to any of the pre	vious questions, provide	l details on a	separate
References:					
List three, two o whom we may o		most recent sup	pervisors, who can comn	nent on your al	bility and
<u>Name</u>	Rela	<u>tionship</u>	<u>Address</u>	ļ	Phone Phone

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 Maine School Union 69 contacts in connection with my employment application to fully provide Maine School Union 69 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 Maine School Union 69, 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 committee members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Signature	
Date	
Application for	r Support Staff Personnel Checklist:
The complete have been pro	d employment application cannot be evaluated unless all of the following materials ovided:
	Application form fully completed.
	Gaps in employment during the past ten years explained
	YES to any of the questions in the background section explained
	Application signed
	Fingerprint approval, if available at this time

NOTE: All application materials become the property of Maine School Union 69. None will be returned. Providing any false or misleading information on this application or in the application of 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: Employment cannot be finalized until the applicant has completed the requirements for complete background checks and fingerprinting as required by Maine State Statute.

Revised: January 3, 2024