



**CERTIFICATION**

Type of Indiana License or Certification	Grades & Subjects Covered	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indiana State Teacher's Retirement Fund Number: \_\_\_\_\_

Earliest Date Available for Employment: \_\_\_\_\_

*Note: Candidates who have graduated from out-of-state colleges and universities should have teaching credentials evaluated by the Licensing Division, State Department of Public Instruction, State House, Indianapolis, IN 46204.*

**MILITARY SERVICE**

Active Military Service	Branch of Service	Dates: From – To	Type of Discharge	Total Military Time Years – Months
	_____	_____	_____	_____
	_____	_____	_____	_____

**PROFESSIONAL PREPARATION – EDUCATION**

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Colleges Attended:

<u>Name</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Hours of Credit Semester/Term</u>	<u>Degrees Conferred</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total number of semester hours beyond the Bachelor's degree \_\_\_\_\_ beyond Master's \_\_\_\_\_

List Majors & Minors: \_\_\_\_\_

Credentials on file at: \_\_\_\_\_

*An official college transcript is required before consideration can be given to your employment. It should include all courses completed at the time of the application.*

## TEACHING EXPERIENCE

Supervised Student Teaching:

Name of School: \_\_\_\_\_

Name of Supervising Teacher: \_\_\_\_\_

Grade(s) or Subject(s): \_\_\_\_\_

Regular Teaching: (Please list most recent experience first.)

<u>School System</u>	<u>Address</u>	<u>Dates From – To</u>	<u>Number of School Years</u>	<u>Grade or Subject(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Summary of Regular Teaching Experience: Elementary: \_\_\_\_\_ Jr. Hi: \_\_\_\_\_ High School: \_\_\_\_\_ College: \_\_\_\_\_

Total: \_\_\_\_\_

## OTHER WORK EXPERIENCE

<u>Type of Position</u>	<u>Name &amp; Business Address</u>	<u>Telephone Number</u>	<u>Employment Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REFERENCES

<u>Full Name of Reference</u>	<u>Position</u>	<u>Address (School &amp;/or Home)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have a relative who works for this school corporation or who serves as a member of the Board of School Trustees, please give the name and describe your relationship: \_\_\_\_\_  
\_\_\_\_\_

Why do you desire to leave your present position, or why did you leave your last position? (Questions do not apply to those graduating this year.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an applications?            Yes \_\_\_\_\_            No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

List any additional information you think would be helpful concerning your knowledge, skills and experience related to the job for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state what you feel you can contribute as an employee for the Caston School Corporation in the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR MISCONDUCT OR DISCIPLINE**

1. Have you ever had your teaching/non-teaching contract non-renewed at the end of a school year due to an accusation of misconduct by the employer?    Yes \_\_\_\_\_    No \_\_\_\_\_
  
2. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have you offered a resignation because of misconduct to your previous employer?    Yes \_\_\_\_\_    No \_\_\_\_\_
  
3. Have you ever been reprimanded, disciplined, discharged for misconduct, or asked to resign for misconduct from a prior position?    Yes \_\_\_\_\_    No \_\_\_\_\_

4. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of your sexual contact with another person, of your mishandling of funds, or of your criminal conduct?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever been charged with or investigated for sexual abuse of another person? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Moral turpitude is an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society in general and which are contrary to the accepted rule of right and duty between person, including, but not limited to theft, attempted murder, rape, swindling and indecency with a minor.)
7. Have you ever been convicted of a felony or misdemeanor offense? Yes \_\_\_\_\_ No \_\_\_\_\_
8. **FOR CDL APPLICANTS ONLY:** Have you ever had a positive test for Alcohol and/or Controlled Substances?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered **yes** to any of the previous questions, please explain, in detail, including the date of charge, the entity having jurisdiction, the court action, the charged offense in question, and the address of the court or entity involved. (Attach additional pages, if necessary.)

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Conviction of a crime or prior discharge or resignation or non-renewal for misconduct is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

### WAIVER

Any false or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal. My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, Indiana Department of Motor Vehicle driver license check and release of investigatory information possessed by any private or public employer or any state, local or federal agency. I further authorize those persons, agencies or entities that the contacts in connection with my employment application to fully provide the Caston School Corporation 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 Caston School Corporation, its employee agents and officials or against any provider of such information. Furthermore, it is understood that this application and records become the property of the Caston School Corporation which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the Corporation now in force and effect or as they may change during my employment, if I am employed by the Corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or disability.*