



Special Services, Johnson County and Surrounding Schools

Applying for: FULL TIME _____ PART-TIME _____ SUBSTITUTE _____ C.O. 11
 Position Applying For:
 TEACHER _____ OCCUPATIONAL THERAPIST _____ SOCIAL WORKER _____ EARLY CHILDHOOD _____
 PSYCHOLOGIST _____ PHYSICAL THERAPIST _____ SPEECH PATHOLOGIST _____ OTHER _____

CERTIFIED APPLICATION FORM

PERSONAL DATA

Date _____

Name _____
 Last First Middle

Present Address _____
 Number and Street City State Zip

Present Telephone Number _____ Until _____
 Area Code Number Date

Home Address _____
 Number and Street City State Zip

Home Telephone Number _____ Cell Phone Number _____
 Area Code Number Area Code Number

E-Mail Address _____

Date of Birth _____ Social Security Number _____
Note: Required to Complete a Criminal History Check

Indiana Teacher Retirement Number _____

CERTIFICATION

Type of Indiana License Or Certificate	Levels Covered	Date Of Issue	Date of Expiration
Physically Handicapped/Orthopedic Impairments			
Visually Impaired			
Hearing Impaired			
Emotionally Handicapped/Disturbed			
Severely Mentally Handicapped			
Learning Disabled			
Mildly Mentally Handicapped			
Mild Disabilities (LD, MiMH)			
Mild Intervention (LD, MiMH, ED)			
Moderately Mentally Handicapped			
Severe Disabilities			
Intense Interventions			
School Psychologist			
Speech/Language Pathologist			
School Based Social Worker			
Occupational Therapist			
Physical Therapist			
Other			

If you do not hold a valid Indiana license, are you qualified to meet the Indiana Certification requirements? Yes ___ No ___
 If yes, in what areas/levels? _____

Licenses Held in Another State _____
 Date of Issue _____ Date of Expiration _____



TEACHING AREAS AND PREFERENCES

List grades and or subjects qualified to teach in order of preference.

Grade Level

Area

1st _____

2nd _____

3rd _____

Coaching/ Extra Curricular _____

Other (List) _____

Comments: (Please include a statement about how your education and experience have prepared you for the position for which you have applied) _____

PROFESSIONAL PREPARATION

Name of High School _____ City and State _____

Date of Graduation _____

COLLEGES ATTENDED

Name, City and State	Dates Attended	Degree Conferred	
		Date Conferred	Type of Degree

Total number of semester hours beyond the date the bachelor's degree was conferred: _____

Total number of semester hours beyond the date the master's degree was conferred: _____

List Majors and Minors _____

Credentials on File at _____ File Number _____



TEACHING EXPERIENCE

(Start with last or present position and work backwards)

IMPORTANT: Please list all teaching experience starting with present position and working backwards. If additional space is needed, attach a supplemental page.

Dates From To	No. of Years in Position	Full /Part Time	Status: Regular or Sub	School: Public or Private	School: Name & Address and Phone	Grade or Subject	Principal or Supervisor
SUPERVISED TEACHING: (Beginning Teachers Only)							

SUMMARY OF YEARS OF REGULAR TEACHING EXPERIENCE							
Elementary	_____	Middle School	_____	Junior High School	_____	High School	_____
College	_____	Total	_____				

OTHER WORK EXPERIENCE

Type of Position	Employer	Address	Dates of Employment

ACTIVE MILITARY SERVICE	Branch of Service	Dates From To	Type of Discharge	Total Military Time Years - Months



Please return this application to: *Special Services, Johnson County and Surrounding Schools*
 500 Earlywood Drive, Franklin, Indiana 46131-9711
 Phone: 317-736-8495 Fax: 317-736-6967

REFERENCES

- Give full name and address of each reference. In naming references, if you have had teaching experience, give supervisors, principals and/or superintendents who are familiar with your classroom work.
- YOU MUST INCLUDE references from your present or latest teaching position. If you have had no teaching experience, give the names of the college instructors with whom you have taken your major subjects. Include the name of the instructor who supervised your practice teaching course. The judgment of a non-professional person is usually valuable only from the stand-point of general character.
- If all of your references are in a placement agency, you will need to give only the name and address of that agency. PLEASE HAVE YOUR PLACEMENT PAPERS FORWARDED TO THIS OFFICE.
- We will need a copy of your transcripts to complete your application. These normally do not come from a placement office. You will have to send them yourself or request that they be sent from the registrar at your college and/or university.

NAME	ADDRESS	PHONE NUMBER	POSITION/ RELATIONSHIP

APPLICANT'S STATEMENT

Give any other information not covered in the application you may wish to present. _____

AFFIDAVIT

	Yes	No
Are you presently under contract? For school year _____	_____	_____
Are you a citizen of the United States?	_____	_____
*Have you been denied a certificate or had one revoked?	_____	_____
*Have you been involuntarily released or asked to resign a teaching position?	_____	_____
*Do you have any physical or emotional impairments, diseases, or ailments which will affect job performance?	_____	_____
*"yes" give complete details _____		

I CERTIFY THAT statements made by me on this application are true and correct to the best of my knowledge. I understand that this will become a part of my official record.

Signature of Applicant _____

Date _____



BACKGROUND INFORMATION STATEMENT AND RELEASE OF CLAIMS:

PLEASE READ CAREFULLY AND DO NOT SIGN UNLESS YOU UNDERSTAND AND AGREE TO EACH OF ITS PROVISIONS

General Information

Employment with Special Services, Johnson County Schools requires continued compliance with established standards of conduct. These standards are based upon the Corporation's duty to protect its students and employees and provide an example of acceptable adult behavior for its students.

The information provided in this statement is an important part of your application for employment. Any material omission in it will disqualify you from further consideration for employment or termination if you are employed.

Arrests, criminal charges and convictions will be considered based upon established administrative guidelines and qualification standards and essential functions of the position applied for. A copy of the administrative guidelines on the use of this information is available to you upon request. An affirmative answer to a question in this background statement will not be an automatic bar to employment.

If you have any doubt about whether a particular incident or circumstance should be fully disclosed in this statement, you should err in favor of disclosing and explaining the circumstance.

Pre-employment Questions

Please answer each of the following questions completely and accurately. Attach and label separate sheets of paper necessary to answer each question.

Have you ever been discharged, asked to resign from a prior position, or resigned from a prior position without being asked, but under circumstances involving your employer's investigation of an incident which could have resulted in your being discharged?

Yes No If yes, explain the circumstances on a separate sheet and attach it to this application.

Has your conduct ever been the subject of an investigation into a violation of state or federal law? For the purpose of this question "state or federal law" includes laws prohibiting violation of civil rights, discrimination based on sex, race, disability, religion or national origin and harassment based on these characteristics.

Yes No If yes, please explain fully and provide names of persons involved, dates and status.

Have you ever been arrested for, charged with, indicted for or convicted of a crime?

Yes No If yes, please provide the following for each incident:

- What was alleged?
- By Whom?
- Who Investigated?
- What was the result of the investigation?

Have you ever been sued or named in an administrative agency complaint (such as the Equal Employment Opportunity Commission of the Indiana Civil Rights Commission) for any act related to your employment?

Yes No If yes, please describe fully on a separate sheet.

I AFFIRM UNDER PENALTY OF PERJURY THAT INFORMATION PROVIDED BY ME IN RESPONSE TO THESE PRE-EMPLOYMENT QUESTIONS IS TRUE AND COMPLETE.

Authorization to Obtain Information

For the consideration of my application for employment by Special Services, Johnson County Schools, I authorize the Superintendent of the school corporation or his/her designee to investigate my background and employment history, including, but not limited to, inquiring as to my performance on prior jobs, reference checks and obtaining criminal history and driving history information.

I authorize my former employers, supervisors, my references and local, state and federal law enforcement agencies to cooperate fully in providing this information. I also agree to cooperate fully as necessary to obtain this information.

Date of Birth _____ Sex _____ Race _____

Information above needed to complete criminal history check only.

Signature _____ Date _____

Waiver of Claims

For consideration of my application for employment by Special Services, Johnson County Schools, I acknowledge the legitimate business need for the school corporation to fully investigate my background and employment history in the application process. I also acknowledge the importance of the full and truthful participation of those persons having information about my background and employment history in this process.

I, therefore, release Special Services, Johnson County Schools and those providing truthful information in this process, as well as their agents, officers, attorneys and employees in their official and individual capacities, from any and all claims, demands, liabilities and causes of action including, but not limited to, a claim for defamation, slander, libel and invasion of privacy except to the extent that they have intentionally provided false information or represent un-investigated information as verified.

TO THE APPLICANT: THIS IS A WAIVER OF CERTAIN TYPES OF CLAIMS THAT MAY NOW EXIST OR MAY LATER ARISE AGAINST PERSONS AND ORGANIZATIONS INVOLVED IN THE INVESTIGATION OF YOUR BACKGROUND. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT OR DO NOT MEAN TO AGREE TO IT IN ALL RESPECTS.

Signature _____ Date _____