

**SCOTT COUNTY SCHOOL DISTRICT 2
375 EAST MCCLAIN AVENUE
SCOTTSBURG, INDIANA 47170**

SUPPORT STAFF APPLICATION FORM

This application for employment will not be considered unless fully completed.
*Please **print** your name below as it appears on your Social Security Card.*

Name _____

Address _____ Phone _____

Position Applied for _____

School Preference _____

EDUCATION & SKILLS

Education _____

Computer Experience _____ Word Processing _____ Technical _____

What experience qualifies you for the position _____

PREVIOUS WORK EXPERIENCE

Employer	Occupation	Dates
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REFERENCES

Name	Address	Phone	Occupation
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A recent resume may be attached.

My signature below affirms that all the application information is true. Any false or misleading information on this application shall be fully sufficient grounds to refuse to employ, or having been employed, and shall be immediate cause for dismissal.

Signature

Scott County School District 2 is an Equal Opportunity-Affirmative Action Employer and does not discriminate on the basis of age, race, color, religion, sex, national origin, or handicap.

During the application process and at any time during the tenure of my employment with Scott County School District 2, I hereby authorize SCSD2 to conduct a background check (driving records, criminal background, child abuse registry, and other records where required by local state, or federal law) for employees or volunteers working with youth.

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer? _____ Yes _____ No

2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position? _____ Yes _____ No

3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual conduct with another person, mishandling of funds, or criminal conduct? _____ Yes _____ No

4. Have you ever been charged with or investigated for physical or sexual abuse of another person? _____ Yes _____ No

5. Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of, any other crime of moral turpitude? _____ Yes _____ No

6. Have you (a) ever been convicted of a crime, other than a minor traffic offense, or (b) ever entered a plea of guilty or a plea "No contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense? _____ Yes _____ No

If you answered yes to any question, explain the circumstances on a separate sheet and attach it to this questionnaire. In your explanation, include the date of the charge, the court action, the offense question, and the address of the court involved where applicable.

AUTHORIZATION AND RELEASE

My signature below constitutes authorization to check my employment history in accordance with IC 10-13-3, including without limitation, evaluation, criminal arrest and conviction record checks, reference checks, driving record, child abuse registry, and release of investigator 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 Scott County School District 2 Corporation contacts in connection with my employment application to fully provide the Scott County School District 2 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 the Scott County School District 2 Corporation, its agents and officials, or against anyone who provides such information.

Signature _____ Date _____

Should this applicant be treated as confidential with regard to your present employer?
YES NO

IMPORTANT: We are glad you are interested in joining the Scott County School District 2's support staff. Please read the following statement carefully before you sign and return this application. Scott County School District 2, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I have read, I understand, and agree to this statement. (Please initial here.) _____

I understand that Scott County School District 2 has a commitment to maintain an alcohol/drug free workplace and that Scott County School District 2, unless prohibited by state law, requires a drug-screening test as a part of its selection, and hiring process. I understand that such drug screening will consist of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If after a second confirmatory test approved by the Superintendent, and it is determined that my specimen contains a controlled substance or was adulterated or substituted, I will be disqualified from consideration for employment, and any offer of employment will be withdrawn. I further understand and agree that, if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment. I have read, I understand, and agree to this statement. (Please initial here.) _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the School Corporation can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the Board of School Trustees or Superintendent of Schools has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be changed only by a written agreement signed by the Superintendent of Scott County School District 2, and approved by a majority of the board of School Trustees. I have read, I understand, and agree to this statement. (Please initial here.) _____

I understand that this application is good only for 365 days from today's date. If I still desire a position with the School Corporation after this application expires, it will be my responsibility to fill out a new application and file it with Scott County School District 2. Otherwise, Scott County School District 2 will not consider me for employment after this application expires.

Date of Application: _____

Signature as shown on your Social Security Card:
