

OFFICE OF SUPERINTENDENT OF SCHOOLS

School Administrative Unit No. 2

**c/o Humiston Building
103 Main Street, Suite 2
Meredith, NH 03253
Tel. (603) 279-7947
Fax (603) 279-3044**

Inter-Lakes School District
Center Harbor
Meredith
Sandwich
Ashland School District

PHILLIP G. McCORMACK, Ed.D.
Superintendent of Schools
TRISH TEMPERINO
Assistant Superintendent

(SUPPORT STAFF)

Date _____

PERSONAL

Name _____ Social Security No. _____
Last First Middle Initial

Present Address _____
Street and Mailing Address
City State Zip Telephone No. () _____

How many years have you lived at this address? _____

Previous Address _____
Street and Mailing Address
City State Zip How long did you live there? _____

This application is for what position? _____

How did you learn of this opening? _____

What do you want to work? Full-time Part-time

If part-time, specify days and hours _____

Have you worked for us before? Yes No If yes, when? _____

If hired, on what date will you be available to start work? _____

Please summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

Person to be notified in case of accident or emergency:

Name Address Phone

EDUCATIONAL BACKGROUND

Type of School	Name and Address	List Years Attended (e.g., 1999-2002)	Course Major/Minor and Degree Awarded
Grammar or Grade			
High School			
College			
Post Graduate			
Business or Trade			
Other			

PRIOR WORK HISTORY - List in order, last or present employer first:

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name, Title & Phone	Reason for Leaving
From	To		Start	Finish		
Describe in detail the work you did.						
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From	To		Start	Finish		
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Describe in detail the work you did.						
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From	To		Start	Finish		
Describe in detail the work you did.						

PERSONAL REFERENCES

Please list at least four professional people who are in a position to evaluate your qualifications during the past five years:

Name and occupation	Address	Phone Number

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer “Yes” to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

- **Professionally disciplined** means the annulment, revocation or suspension of your teaching certification, or the receipt of a letter of reprimand from an agency, board or commission of state government, such as the New Hampshire Department of Education.
- **Criminal Offense** includes all felonies and misdemeanors.
- **Conviction** includes adjudications of guilt, pleas of guilty, pleas of “nolo contendere” (no contest), and determinations before courts, juries, judges or magistrates which resulted in fines, sentences or probation.
- You may omit: minor traffic violations, and offenses committed before your 18th birthday which were adjudicated in juvenile court under a juvenile delinquency law.

Have you ever been convicted of a criminal offense? Yes No

Are you currently charged with a criminal offense? Yes No

Have you been fired, dismissed or non-renewed from any job for any reason? Yes No

Have you quit a job after being notified that you would be fired, dismissed or non-renewed, or after being notified that you would be recommended for firing, dismissal or non-renewal? Yes No

Have you ever been professionally disciplined in any state? Yes No

Have you ever served in the Armed Forces? Yes No If yes, did you receive an honorable discharge? Yes No

Are you subject to any visa or immigration status which would prevent lawful employment? Yes No

If you answered “Yes” to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your S.S. number. Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with our schools will be based only on your merit and no other considerations.

Each applicant for employment must submit to the School District a completed Criminal History Release Authorization Form and his or her fingerprints. The School District will supply a form and fingerprint card to each applicant. The fingerprints will be utilized by local, state, and federal law enforcement agencies to research the applicant’s background. Any offer of employment that the School District extends to an applicant is conditional upon the successful processing of his or her fingerprints and the receipt of criminal history and background check results that are acceptable to the School District.

**- PLEASE READ CAREFULLY -
APPLICANT'S CERTIFICATION AND RELEASE AGREEMENT**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for rejecting my application, withdrawing of any offer of employment, or terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of the School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to the School District. I further authorize the School District's officials to investigate my background, now or in the future, to verify the information provided, and I release from liability all persons and/or entities supplying information regarding my background.

Signature of Applicant _____

Please submit this completed application, three letters of recommendation, a resume, and any other pertinent information to: Dr. Phillip G. McCormack, Superintendent of Schools, 103 Main Street, Suite 2, Meredith, NH 03253. All candidates are asked to notify us in writing if and when you sign a contract with another school district. Thank you.

DO NOT WRITE BELOW THIS LINE

Interview Yes No Date _____

Result of Interview

Interviewed By _____ Approved By _____

The School Administrative Unit No. 2 does not discriminate in its educational programs, activities or employment practices based on age, sex, race, color, marital status, physical or mental disability, religion, national origin or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1975, the Americans with Disabilities Act of 1990 and New Hampshire RSA 354-A. Information relative to special accommodation and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the School District. If you need accommodations in completing this application, please contact the School District.

* ASHLAND - CENTER HARBOR - MEREDITH - SANDWICH *