	Application for:			
RSU 54/MSAD 54 196 West Front Street	☐ Bus Driver	☐ Maintenance		
Skowhegan, ME 04976	☐ Food Service	☐ Secretary		
Phone: (207) 474-9508	☐ Custodian			
Fax: (207) 474-7422				
	☐ Full-time	☐ On-Call (Substitute)		
Name: Last First	Social Securi	ity #:		
Address:	Telephon	ne #:		
City:	State/Zi	p:		
Secretarial Positions	<u>Custodial/N</u>	Maintenance Positions		
Typing Speedwpm	☐ Carpentry	☐ Electrical		
Typing Specu wpin	☐ Plumbing	☐ Painting		
Computer Programs:				
	Bus I	Oriver Positions		
	CDL Driver License			
Office Equipment:	The second of th	■No		
- Line Line Line Line Line Line Line Line	Date of Birth:	_		
		or driver's license check only)		
Other:	Driver License Numbe	r:		
	State:			
Other specials skills do you have or licenses do you hold that				
other specials skins do you have of ficenses do you hold the	it may be relevant to this posi	uon.		
Have you completed a Criminal History Record Check (fingerprinting)?				
Yes No	r			
If yes: Place: Da	te:	Expiration Date:		

High School:	Course:	Years Attende	d:Graduated:	
Business School:	siness School:Diploma/Degree:			
ollege: Degree:		Years Attende		
EXPERIENCE: List all previous experience start	ing with the most recent job he	ld.		
Dates	Position	Employer (include telep	hone number)	
Use the back of the page if necessa the last page	ry. Please account for any gaps	in employment during the past ter	1 years on the back of	
	Background 1	Information		
Have you ever been disciplined,	discharged, or asked to resign f	From a prior position?	Yes No No	
Have you ever resigned from a prior position after a complaint had been received?		Yes 🔲 No 🔲		
Have you ever been charged with or investigated for sexual abuse of another person?			Yes No No	
b. ever entered a plea oc. ever had any court do		t" (nolo contendere) at entering a finding of ther than a minor traffic offense?	Yes No D	
Do you have full physical, menta the position for which you are ap (You may request more informa If no, please explain.	plying, with or without reasona	able accommodations?	Yes No D	

REFERENCES

Please list three (3) references, including a recent supervisor that we can contact who can comment on your ability.

Name	Position	Address (include telephone number)

Please Read Before Signing

Any falsification of information or misleading information on this application shall be fully sufficient grounds to refuse employment, or having been employed, shall be immediate cause for dismissal.

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 any persons, agencies or entities that RSU 54/MSAD 54 contacts in connection with my employment application to fully provide RSU 54/MSAD 54 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 limitations, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against RSU 54/MSAD 54, its agent and officials or against any provider of such information.

I understand that information submitted in and with this appli committee, which may include board members, administrator consent to this disclosure.	•
Signature	Date

IT IS THE POLICY OF RSU 54/MSAD 54 TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL CANDIDATES FOR EMPLOYMENT REGARDLESS OF AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR HANDICAP.

Employment applications will be retained for a period of 12 months from date of receipt. All materials will become the property of RSU 54/MSAD 54. None will be returned.

BACKGROUND CHECK WAIVER

It is the policy of M.S.A.D. #54 to conduct criminal background checks on all potential employees/volunteers. Employment/volunteering in M.S.A.D. #54 is contingent on the results of such checks. In order to conduct the check, a birth date is required. Please provide us with your birthdate, current address, sign the waiver, and return it to us.

Full Name:	Birthdate:
Any Other Name Used (including ma	niden name):
Current Address:	
	on I have voluntarily provided will be ground check. It will not be used for become an M.S.A.D. #54
Signature	