

**MSAD #59**  
**55 Weston Avenue**  
**Madison, ME 04950**

APPLICATION FOR ADMINISTRATIVE POSITION

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MSAD #59 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

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Date \_\_\_\_\_ Position(s) applying for: \_\_\_\_\_  
Name \_\_\_\_\_  
When will you be available? \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
Temporary Address \_\_\_\_\_ Phone \_\_\_\_\_

EDUCATION: Transcripts, including grades, from all college(s)/university(ties) attended must be provided. It is essential that this section be completed accurately.

<u>College/University Attended</u>	<u>Location</u>	<u>Degree</u>	<u>Number of Years Completed</u>

EXPERIENCE: A resume must be provided. In addition to educational background and work experience, include extra-curricular activities in which you have been involved. Please list below positions held, employer and dates of employment for the past ten years beginning with your most current or recent experience. Please account for any gaps in employment on a separate page.

<u>No. of Years</u>	<u>Dates From/To</u>	<u>Position</u>	<u>Employer Name, Address &amp; Telephone No.</u>

Other relevant work experience and achievements:

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CERTIFICATION: List certification(s) you hold and provide copies of certification.

<u>Type</u>	<u>State</u>	<u>Date Issued</u>	<u>Date of Expiration</u>

If you do not hold a Maine certificate, for what type of Maine certificate are you applying and eligible? \_\_\_\_\_

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*NOTE: Candidates who do not hold Maine certification should direct an inquiry to the Maine Department of Education, Certification Office, Augusta, Maine 04333.*

BACKGROUND

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes \_\_\_ No \_\_\_

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes \_\_\_ No \_\_\_

Has your contract in a prior position ever been non-renewed? Yes \_\_\_ No \_\_\_

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes \_\_\_ No \_\_\_

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes \_\_\_ No \_\_\_

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_

If you have answered YES to any of the previous questions, provide full details on an additional sheet, including, with respect to court actions, the date, offense in question and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

REFERENCES: List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three current letters of reference from persons who are not related to you (may be from references listed below).

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>

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 those persons, agencies or entities that MSAD #59 contacts in connection with my employment application to fully provide MSAD #59 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 MSAD #59, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, staff, and members of the community. I give my consent to this disclosure.

*Employment cannot be finalized until the applicant has completed requirements for complete background checks and fingerprinting as required by Maine State Statute.*

\_\_\_\_\_  
Signature/Date

APPLICATION FOR ADMINISTRATIVE POSITION CHECK LIST: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- \_\_\_\_\_ Application form fully completed
- \_\_\_\_\_ Copies of Transcript(s)
- \_\_\_\_\_ Copy of Maine Certification(s)
- \_\_\_\_\_ Resume
- \_\_\_\_\_ Gaps in employment during the past ten years explained
- \_\_\_\_\_ YES to any of the questions in the Background section explained
- \_\_\_\_\_ Three current letters of reference
- \_\_\_\_\_ Application signed

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF MSAD #59. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

NOTE: EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY MAINE STATE STATUTE.

Letter of Recommendation to  
M.S.A.D. #59, 55 Weston Avenue, Madison, Maine 04950

*This section to be filled in by applicant.*

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

M.S.A.D. #59 position for which applying: \_\_\_\_\_

OPTIONAL: (This waiver is not required as a condition of employment at M.S.A.D. #59.) All rights of access to this letter of recommendation conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby voluntarily waived.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*This section is to be completed by the recommender and returned directly to M.S.A.D. #59 at the above address.*

**Please answer these questions in your recommendation:** What is your estimate of applicant's promise as a school district employee and promise of success in the position for which this candidate is applying? What are the applicant's greatest strengths and weaknesses? Please state the extent of your acquaintance with the applicant. If you prefer to write a personal letter rather than use this form, please feel free to do so, and attach your letter to this form. Do you know of any reason(s) why this candidate should not be recommended to work with or around school children? No   
Yes  (Please explain.)

(Continue on reverse side if necessary)

RECOMMENDER'S  
SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_

NAME (Print/Type): \_\_\_\_\_ Organization: \_\_\_\_\_

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