RSU 54/MSAD 54 196 West Front Street Skowhegan, ME 04976 Phone: (207) 474-9508 Fax: (207) 474-7422		Application for:  Bus Driver  Food Service  Custodian  Full-time	Maintenance Secretary  On-Call (Sul	
Name:  Last First	Middle		#:	
Address:		Telephone	#:	
City:		State/Zip:		
Secretarial Positions		<u>Custodial/Ma</u>	intenance Positions	
Typing Speedwpm		☐ Carpentry	☐ Electric	
Computer Programs:	L	☐ Plumbing	☐ Painting	5
	Bus Driver Positions			
Office Equipment:		CDL Driver License	Yes	No
Othorn	]	Oriver License Number:		
Other:		State:		
Other specials skills do you have or licenses do you hold that	at may b	pe relevant to this position	on:	
	_			
Have you completed a Criminal History Record Check (fing  Yes No	gerprinti	ng)'?		
If yes: Place: Da	ate:		_ Expiration Date: _	

High School:	course: Years Attended to School: Years Attended to School: Diploma/Degree: Years Attended to School: Years Attended to Year		d:Graduated:	
Business School:			ttended:Graduated:	
College:			nded:Graduated:	
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 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	
<ul><li>b. ever entered a plea o</li><li>c. ever had any court do</li></ul>		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 approximation, which may include board members, administrate consent to this disclosure.	ors, other staff, and members of the community. I give my
Signature	

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.