

Mayville Community Schools
6250 Fulton Street
Mayville, MI 48744

Office Use Only	
Date Rec'd:	_____
Position:	_____
Interview Date:	_____
Interviewer:	_____

EMPLOYMENT APPLICATION—CERTIFIED STAFF

POSITION FOR WHICH YOU ARE APPLYING: _____

Full Name: _____ Today's Date: _____

Address: _____ Home Telephone: _____

Soc. Sec. #: _____ Business Tel: _____

Are you legally authorized to work in the United States? Yes _____ No _____ (If not, attach explanation)

Are there any other names under which your educational or work records can be found? Yes _____ No _____ If yes, list name(s) _____

Earliest date available to begin work: _____

Are there any felony or misdemeanor charges pending against you? _____

Name, address, and telephone number of a person we can contact in the event of an emergency:

Name: _____

Address: _____

Telephone: Area Code _____

Please include any comments you believe would be helpful as we consider your application (may make attachments):

TYPE OF MICHIGAN TEACHING CERTIFICATE: Provisional ____ Continuing ____
 Prof. Ed. Certificate ____

LEVEL: Elementary ____ Middle ____ Secondary ____ Granted by: _____ Expiration Date: ____/____/____

ENDORSEMENTS: Grades ____ Subject(s) _____ Grades ____ Subject(s) _____

Grades ____ Subject(s) _____ Grades ____ Subject(s) _____

TYPE OF MICHIGAN ADMINISTRATIVE CERTIFICATE:

Area(s) of Certification: _____ Expiration Date: ____/____/____

OUT-OF-STATE CERTIFICATION: Type _____ State _____

Endorsements (Grades/Subjects) _____ Expiration Date: : ____/____/____

UNDERGRADUATE EDUCATIONAL AND PROFESSIONAL TRAINING

Name and Location of Institution (Incl. High Sch.)	Dates From – To	Major(s)	Minor(s)	Sem. Hours	Degree

GRADUATE EDUCATIONAL PREPARATION

Name and Location of Institution	Area of Concentration	Degree	Date (or expected date) of Graduation

STUDENT TEACHING EXPERIENCE (for Teacher Applicants)

School and Location	Grade Level(s)	Subject(s)	Supv. Teacher	Dates

Placement Credentials on file at: University _____

Address _____

TEACHING AND ADMINISTRATIVE EXPERIENCE

School, School District and Location	Dates	Grades and Subjects Taught	Extra-Curricular and Other School-Related Activities Coached or Sponsored

Total number of years under contract as a teacher _____ Total number of years under contract as an administrator _____

Professional Organization Memberships: _____

OTHER WORK EXPERIENCE

Employer	Location	Position	Dates

MILITARY SERVICE

Branch	Duties	Rank	Dates	Type of Discharge

PROFESSIONAL REFERENCES (at least three)

	Name	Address	Occupation	Phone
1.				
2.				
3.				
4.				

**Mayville Community Schools
Mayville, Michigan**

Candidate: _____ Date: _____

In this box below, briefly state your philosophy of education.