

AUBURN SCHOOL DEPARTMENT

60 Court Street, 4th Floor, Auburn, ME 04210 207-784-6431 Ext. 1424

APPLICATION FOR EMPLOYMENT

ite:						
me:						
	Last		First		N	Middle
manent Address: _ ephone:	Number/Stree	t/PO Box	City/State		ZIP Code	
ail:						
ition Applying For:						
EDUCATION:	Starting with hi	gh school, list	any schools or	colleges you	may ha	ve attended.
School Attended		Address	Date	es Attended	Gr	aduated/Degree
						_
LICENSE/AUT	HORIZATION	IS : List licens	se/authorizatio	ons you hold	and pr	ovide copies.
Туре		State		Date Issued		Date of Expiration
Fingerprinting (Cl	HRC)		ME		_	

EXPERIENCE: Please attach your resume or complete the section below. Please list all previous employment starting with the most recent job held. Use the back of the page if necessary. Please account for any gaps in employment during the last ten years.

From (month/yr)	To (month/yr)	Position	Duties	Employer

REFERENCES: List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact.

Name	Company/Position	Address	Telephone and Email Address

APPLICATION QUESTIONS

1.	A CHRC (Criminal History Record Check) must be completed prior to beginning work. The fee is \$70 for a 5-year certificate. This is completed through the Department of Education. We will assist you in this process, if necessary. Have you had your fingerprints done for the CHRC?
	YES NO
2.	Please list any training, skills or language proficiency that would improve your candidacy for the desired position(s):
3.	I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by Auburn School Department, I will abide by all Department of Education and school policies, work on assigned committees, and continue my professional growth to the best of my ability and within reasonable and personal standards. I grant permission for school officials to obtain a personal record check from federal, state, county, and/or local agencies, including law enforcement agencies and Division of Family Services. I understand that a credit history check may be made. I release individuals listed as references and current or former employers from any liability for information given in response to a request for an employment reference. I understand that I may be required to take a drug test and physical exam prior to assuming any position for which I may be employed. In the event that I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after the discovery of the false or misleading information.
Ple	ease Check One:
	I agree with the above statement. Please give my application consideration.
	I DO NOT agree and understand I will not be considered for a position in the Auburn School Department.
	Signature Date
	Olymature Date

MAIL OR DELIVER THIS APPLICATION AND RELATED MATERIALS TO:

Auburn School Department Human Resources 60 Court St., 4th Floor Auburn, ME 04240

Equal Opportunity Employer

Auburn School Department is committed to maintaining a work and learning environment free from discrimination on the basis of race, color, religion, national original, pregnancy, gender identity, sexual orientation, marital/civil union status, ancestry, place of birth, age, citizenship status, veteran status, political affiliation, genetic information or disability, as defined and required by state and federal laws. Additionally, we prohibit retaliation against individuals who oppose such discrimination and harassment or who participate in an equal opportunity investigation.