

REFERENCES:

<u>NAME</u>	<u>ADDRESS</u>	<u>TEL. NO:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION:

The MSAD #46 Board of Directors is committed to conducting a thorough screening of applicants for all positions and requires the completion of the following questions of all candidates:

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

Have you ever been charged with or investigated for sexual abuse of another person? Yes [] No []

Have you ever been charged with, pleaded guilty or “no contest” (nolo contendere) to, or been convicted of any crime other than a minor traffic offense? Yes[] No []

Have you ever violated a DOT drug and alcohol testing regulation? Yes[] No []

Have you failed or refused a DOT drug or alcohol pre-employment test within the past two years for which an employer did not hire you? Yes[] No []

If you have answered “yes” to any of the above, please explain in detail on a separate piece of paper.

Note: Criminal charges, arrests, or conviction of a crime are not automatic bars to employment.

Any falsification of information or misleading information on this application shall be fully sufficient grounds to refuse to employ 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 a state agency (including Child Protective Services), or any local or federal agency. I further authorize any persons, agencies or entities that MSAD #46 contacts in connection with my employment application to fully provide MSAD #46 any information requested. I also authorize, by my signature below, MSAD #46 to request information from my previous DOT-regulated employers. 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 #46, 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 screening and interview committees which will include other than school board members (e.g., staff, parents, or other citizens), and I give my consent thereto.

Confidentially of application information will be maintained in accordance with Maine statutes. Directory information may be released without prior notice being made to the candidate.

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

Date

Signature

Social Security No: ___/___/___

Date of Birth: ___/___/___