

PROFESSIONAL APPLICATION
Maine School Administrative District No. 75
50 Republic Avenue
Topsham, ME 04086

APPLICATION PROCESS

1. Before an application can be considered, it must consist of the following: (a) all sections of the formal application in completed form; (b) a transcript of the candidate's undergraduate and graduate study; (c) verification of certification; (d) 3 letters of recommendation or placement papers; (e) a résumé.
2. All applications shall remain active until one year from the date they are filed. The responsibility for updating and keeping an application active rests with the applicant.

NON-DISCRIMINATION POLICY STATEMENT

Maine School Administrative District No. 75 intends that all of its educational programs and employment practices and policies will not discriminate on the basis of sex, race, religion, age, disability, or national origin as defined by Title IX of the Education Amendments of 1972, the Maine Human Rights Act, the Americans With Disabilities Act, Maine Public Law 153, and other relevant legislation. Inquiries concerning Title IX may be made to the Director, Office of Civil Rights, HHS, Washington, D.C., or to the Affirmative Action Officer, M.S.A.D. No. 75, 50 Republic Ave., P.O. Box 475, Topsham, ME 04086.

PERSONAL DATA

Full Name: Date:
Current Address: Phone:
City: State: Zip:
Permanent Address: Phone:
City: State: Zip:
Date Last TB Test:

PROFESSIONAL INTERESTS AND BACKGROUND

Preference: Elementary Secondary

Position(s) Applying for:

- 1.....
- 2.....
- 3.....

Activities or Sports Qualified to Coach or Advise:

1. 3.
2. 4.

ACADEMIC PREPARATION (include high school)

School	City, State	Major / Minor	#Credits or Degree	Years Attended

PROFESSIONAL EXPERIENCE (include student teaching)

School	City, State	Position Held Gr. & Subject	Dates	# Years

TOTAL Professional Experience

OTHER EXPERIENCE (include military and summer work)

Employer	City, State	Position Held	Dates

CERTIFICATION

State	Type (Prov., Prof., etc.)	Level (K-8, 7-12, etc.)	Subjects or Area	Date Expires

REFERENCES

List Name, Position, Address and Telephone No. of Four References (Recommend: Superintendents, Principals, Supervisors, and/or College Advisory Personnel)

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|---------|---------|
| 1. | 3. |
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| | |
| | |
| 2. | 4. |
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| | |
| | |

1. Have you ever failed to receive reappointment or tenure election for which you were eligible?

No _____ Yes _____ If yes, please explain:

.....
.....
.....

2. Have you ever been disciplined, discharged, or asked to resign from a prior position?

No _____ Yes _____ If yes, please explain:

.....
.....

3. Have you ever been charged with or investigated for sexual abuse of another person?

No _____ Yes _____ If yes, please explain:

.....

4. Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude?

No _____ Yes _____ If yes, please explain:

.....

5. Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense? No _____ Yes _____ If yes, please explain:

.....

Note: Conviction of a crime is not an automatic bar to employment by the school unit.

6. I understand 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/discharge.

7. 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 agencies. I further authorize those persons, agencies or entities that M.S.A.D. No. 75 contacts in connection with my employment application to fully provide M.S.A.D. No. 75 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 M.S.A.D. No. 75, its agents and officials or against any provider of such information. I certify that the information given in this application is correct and true to the best of my knowledge.

Signature of Applicant

Date