



Date of Application _____

APPLICATION FOR EMPLOYMENT AT FOXCROFT ACADEMY

Foxcroft Academy does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.

PERSONAL INFORMATION

Name _____

Last

First

Middle

Address _____ Home Phone _____

Cell Phone _____

City _____ State _____ Zip _____

_____-_____-_____ I may be contacted: cell _____, home, _____ (please check)

Social Security Number _____

APPLICATION INSTRUCTIONS

A person will be considered an applicant only when the following items are received:

1. A letter of application in which you describe why you would like to be employed at Foxcroft Academy and in what position.
2. A completed and signed application form. (Please give all information requested on this application (as appropriate for the position to which you are applying), even though it may be duplicated on your resume.)
3. A current resume or employment and educational history.
4. Current letters of reference from a minimum of three persons.
5. College/University transcripts (if applicable).
6. Current certification (if applicable) or evidence that you are eligible for certification in Maine and have submitted an application to the Maine Department of Education.

Send all information to:

Mr. Arnold Shorey, Head of School
975 West Main Street
Dover-Foxcroft, ME 04426

Please note:

On the completion of the search,
all application materials will be
retained by Foxcroft Academy for one year.

All application documents listed above must be postmarked on before _____.

CURRENT EMPLOYMENT INFORMATION

Are you presently under contract or employed? Yes _____ No _____

If so, when does your contract (employment) expire? _____

Name of firm (system): _____

State _____

Position _____

CERTIFICATION INFORMATION (if appropriate)

Are you currently certified as an educator in Maine or any other state?

Yes _____ State _____ expiration date: ___ / ___ / ___ No _____

ACADEMIC AND PROFESSIONAL TRAINING

Colleges/Universities Location Degree Number of Years Completed

Please have copies of your college/university transcripts and any other credentials on file sent to the address on this application.

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

PROFESSIONAL EXPERIENCE (Please list, beginning with you current or most recent experience.)

Number Years	Dates From/To	Position/Responsibilities	School System or Firm

OTHER RELEVANT WORK EXPERIENCE AND ACHIEVEMENTS

CIVIC AND COMMUNITY INVOLVEMENT

REFERENCES – Please list the names of the people providing the three current letters of reference requested with this application and indicate by number which of them best know;
(1) your ability as an educator (employee);
(2) your personal qualities and character traits; or
(3) your scholastic or other attainments.

#	Name	Position	Address	Phone
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OTHER INFORMATION – Foxcroft Academy 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 resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes ___ No ___

Has your contract in a prior position ever been non-renewed? Yes ___ No ___

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes ___ No ___

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

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes ___ No ___

Have you ever entered a plea of guilty or "no contest" (nolo contendere) Yes ___ No ___

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes ___ No ___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes ___ No ___

If you have answered YES to any of the previous questions, provide full details on an additional sheet including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

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 those persons, agencies or entities that Foxcroft Academy contacts in connection with my employment application to fully provide Foxcroft Academy 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 Foxcroft Academy, 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 a screening and/or interviewing committee, which may include administrators, other staff, and members of the community. I give my consent to this disclosure.

Date

Signature

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF FOXCROFT ACADEMY. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

Foxcroft Academy is an Equal Opportunity Employer.

Last Updated 4/30/19

Foxcroft Academy

Background Investigation Authorization Form

Foxcroft Academy is committed to the safety and well being of our students and staff. For this reason we complete a background investigation on all of our employees. Your employment at Foxcroft Academy is contingent on the successful completion of this background investigation. Some positions are contingent on you holding a valid driver's license that has been processed through our insurance company. Your supervisor will tell you if you need to hold a valid driver's license.

To complete this investigation we need the following information for identification purposes. *Please print or type.*

Name, including Middle Initial (as it appears on your license):

_____ **Current Address:**

Street _____

City, State, Zip Code _____

Date of Birth: _____ License #: _____

Social Security #: _____ Telephone #: _____

Prior Address (if less than 7 years at current address):

Street _____

City, State, Zip Code _____

Please list any other names that you may be known by: _____

Please list all counties and states in which you have lived in the past 7 years:

I understand that a background investigation is being conducted on me. This notice serves as consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Employee Signature Date

For office use only.

Background Investigation Completed: Date: _____

3/30/04