

# APPLICATION FOR EMPLOYMENT



**Return to:** Biddeford School Department  
 Attn: Business Office  
 205 Main Street  
 PO Box 1865  
 Biddeford, ME 04005  
 (207) 282-8281  
 (207) 282-8424 (fax)

**Position applied for:**     **Teacher**     **Substitute Teacher**     **Non-Teaching** (Bus Driver, Custodian, Admin. Asst, Ed Tech, Cafeteria Worker, etc.)

*THE BIDDEFORD SCHOOL DEPARTMENT DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.*

*(Please Print)*

Date \_\_\_\_\_ Position(s) applying for: (grade level, subject, other) \_\_\_\_\_  
 Name \_\_\_\_\_  
 SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ When will you be available? \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you hold a valid driver's license?    State: \_\_\_\_\_    Endorsement: \_\_\_\_\_

**EDUCATION:** Transcripts, including grades, from all college(s)/university(s) attended must be provided. It is essential that this section be completed accurately.

<u>College/University Attended</u>	<u>Degree Awarded (if any)</u>	<u>No. of Years Attended</u>	<u>Grade Point Average</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of semester hours in:

_____ Reading	_____ Major (Subject: _____)
_____ Math	_____ Minor (Subject: _____)
_____ Special Education	_____ Major (Subject: _____)
	_____ Minor (Subject: _____)

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**AREAS OF INTEREST (for Substitute Teacher Positions):**

1. Please indicate grade level(s) at which you are interested in substituting:

K-2     3-5     6-8     9-12     Special Education     Vocational

2. If you are interested in substituting at the elementary level and have a specialty area, please indicate the area(s):

Art     Music     Physical Education     Other \_\_\_\_\_

3. If you are interested in substituting at the Middle or High School level, please indicate the specific subject area(s):

\_\_\_\_\_

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**CERTIFICATION (for Teacher Positions):** List certification(s) you hold and provide copies of certification.

<u>Type</u>	<u>State</u>	<u>Date Issued</u>	<u>Date of Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you do not hold a Maine certificate, for what type of Maine certificate are you applying and eligible? \_\_\_\_\_

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**NOTE:** Candidates who do not hold Maine certification should direct an inquiry to the Maine Department of Education, Division of Certification and Placement, Augusta, Maine 04333.

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**EXPERIENCE:** A resume must be provided. In addition to educational background and work experience, include extra-curricular activities in which you have been involved. Please list below positions held, employer and dates of employment for the past ten years. Please account for any gaps in employment on a separate page.

<u>From (month/year)</u>	<u>To (month/year)</u>	<u>Position</u>	<u>Employer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of years of teaching experience \_\_\_\_\_.

**REFERENCES:** List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BACKGROUND:**

It is important that school department officials be aware and sensitive to the concerns of the students and their parents. Consequently, it is important to know the answer to the following questions, even though the positive response would not necessarily disqualify an applicant from further consideration for employment:

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) to any crime (other than a minor traffic offense)? 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.

Indicate languages you speak, read, and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**DISCLOSURE STATEMENT:**

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 the Biddeford School Department contacts in connection with my employment application to fully provide the Biddeford School Department 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 the Biddeford School Department, 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 board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

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

\_\_\_\_\_ Signature \_\_\_\_\_ Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE BIDDEFORD SCHOOL DEPARTMENT. 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.**

**For Personnel Department Use Only**

Arrange Interview  Yes  No      Date of Interview \_\_\_\_\_

Remarks \_\_\_\_\_

Employed  Yes  No      Date of Hire \_\_\_\_\_ Hourly Rate/Salary \$ \_\_\_\_\_

Job Title \_\_\_\_\_ School \_\_\_\_\_ Department \_\_\_\_\_

Completed by \_\_\_\_\_  
Name and Title Date

# EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The following information is requested for Equal Employment Opportunity recordkeeping and reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Section 709 (c).

*THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION  
AND WILL BE MAINTAINED IN A SEPARATE FILE.*

**Date:** \_\_\_\_\_ **Position applied for:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sex:**  female  male

**Race:**  African American  Asian American/Pacific Islander  
 Hispanic  Caucasian  Other \_\_\_\_\_

**How were you informed of this opening?**

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-in                   | <input type="checkbox"/> I am currently employed with the Biddeford School Department |
| <input type="checkbox"/> Newspaper/Magazine Ad     | <input type="checkbox"/> College Placement Office                                     |
| <input type="checkbox"/> Private Placement Service | <input type="checkbox"/> Department of Employment                                     |
| <input type="checkbox"/> Job Interest Card         | <input type="checkbox"/> Other _____  |

Maine law provides veterans preference to State residents who have been in active service of the United States during a REGONIZED WAR PERIOD as defined by federal law and providing required documentation.

Recognized War Periods	
World War II	12/07/41 to 12/31/46
Korean Conflict	06/27/50 to 01/31/55
Vietnam War	08/05/64 to 05/07/75
Persian Gulf War	08/02/90 to (date not yet proclaimed)

**To receive consideration for veterans preference, you MUST complete the following checklist and submit all necessary documents:**

ALL VETERANS – COMPLETE #2
1. You must submit a DD-214 form or, if currently enlisted, military enlistment papers.
2. I have served during a recognized war period... <input type="checkbox"/> yes <input type="checkbox"/> no Dates of service from: _____ to _____ Service Branch: _____
DISABLED VETERANS
3. You must submit a current VA certification letter (dated within the last 12 months)
SPOUSES OF DISABLED VETERANS --- COMPLETE 5-7
4. If you are the spouse of a disabled war veteran claiming veterans preference, you must submit a letter from a physician verifying the veteran is unable to perform the work for which you are applying.
5. Are you divorced from the veteran? <input type="checkbox"/> yes <input type="checkbox"/> no
6. Is the veteran deceased? <input type="checkbox"/> yes <input type="checkbox"/> no
7. Have you remarried? <input type="checkbox"/> yes <input type="checkbox"/> no

