

# Richmond Community Schools

35276 Division \* Richmond, Michigan 48062 \* (586) 727-3565 \* www.richmond.k12.mi.us

**Richmond Early Childhood Learning Center  
& Will L. Lee Elementary School**  
68399 Forest  
Richmond, Michigan 48062

**Richmond Middle School**  
35250 Division  
Richmond, Michigan 48062

**Richmond High School**  
35320 Division  
Richmond, Michigan 48062

## APPLICATION FOR EMPLOYMENT

Position applying for:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrator             | <input type="checkbox"/> Food Service                | <input type="checkbox"/> Secretarial                 |
| <input type="checkbox"/> Bus Driver                | <input type="checkbox"/> Food Service Substitute     | <input type="checkbox"/> Secretarial Substitute      |
| <input type="checkbox"/> Bus Driver Substitute     | <input type="checkbox"/> Grounds                     | <input type="checkbox"/> Speech & Language Therapist |
| <input type="checkbox"/> Club Sponsor (Schedule B) | <input type="checkbox"/> Lunch Supervisor            | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Coach (Schedule B)        | <input type="checkbox"/> Lunch Supervisor Substitute | <input type="checkbox"/> Teacher                     |
| <input type="checkbox"/> Counselor                 | <input type="checkbox"/> Maintenance                 | <input type="checkbox"/> Teacher Substitute          |
| <input type="checkbox"/> Crossing Guard            | <input type="checkbox"/> Mechanic                    | <input type="checkbox"/> Technology                  |
| <input type="checkbox"/> Crossing Guard Substitute |  |  |

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cellular Telephone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

What is your present position? \_\_\_\_\_

Salary or hourly wage \_\_\_\_\_

Why do you wish to leave this position? \_\_\_\_\_

Can you be released from your current position? \_\_\_\_\_

When can you begin employment? \_\_\_\_\_

### PERSONAL INFORMATION

Are you a citizen of the United States?

Yes  No If no, are you eligible to work in the United States? \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying?

Yes  No If no, explain: \_\_\_\_\_

Have you ever been discharged or requested to resign from a position or denied tenure as a teacher?

Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime (other than minor traffic offense)?

Yes  No If yes, explain: \_\_\_\_\_

*Guaranteed Learning for All Students!*

Are there any felony charges or proceedings pending against you?

Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of any offense involving the sexual molestation, physical abuse or rape of a child?

Yes  No If yes, explain: \_\_\_\_\_

Are you related to any current Richmond Community Schools employee?

Yes  No If yes, explain: \_\_\_\_\_

### EDUCATION AND TRAINING

Circle last grade completed:      9      10      11      12      13      14      15      16      16+

State names and dates of schools attended beginning with high school:

School \_\_\_\_\_ Dates \_\_\_\_\_

School \_\_\_\_\_ Dates \_\_\_\_\_

School \_\_\_\_\_ Dates \_\_\_\_\_

Degrees, certification or diplomas attained \_\_\_\_\_

Special training completed (if appropriate) \_\_\_\_\_

Specific job skills attained \_\_\_\_\_

### HISTORY OF PREVIOUS EMPLOYMENT

Most recent place of employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Second most recent place of employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Third most recent place of employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_



I represent that the answers and information given by me in this application are true and complete without qualification, and that I have not knowingly withheld any circumstance that might, if disclosed, affect my application unfavorably. I understand and agree that if any statement made by me on this application is false, misleading or a material omission, it will prevent me from being hired, or if hired, will be grounds for my immediate dismissal.

I hereby authorize Richmond Community Schools to make any investigation into my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party to give the district any information they have regarding me without providing me with notice of the same. Such information may include educational transcripts and records, references, disciplinary information and records, information about my job performance, criminal convictions driving records, Child protective Service information, or other information pertaining to child neglect or abuse, and other information that may be relevant to my application for employment. I hereby waive my rights to access any such information, and without limitation hereby release Richmond Community Schools, its employees, Board members, and agents, and the reference sources from any liability in connection with the release or use of such information. I understand that if any offer of employment is made, it will be conditional upon the result of this investigation and a determination by the district that such is deemed acceptable.

I further understand that any offer of employment may also be conditional upon the results of a medical examination (which may or may not include a psychological examination) administered prior to or commencement of employment duties. The results of such examination shall be maintained on separate forms and in separate files, and shall be treated as a confidential medical record. I agree to undergo such an examination, and further agree to submit to drug and alcohol testing as part of said examination. I agree that during my employment, if hired, I will submit to additional medical/psychological examinations at the district's discretion and expense, if requested to do so.

---

Applicant's Signature

---

Date

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education amendments of 1972, Section 504 of Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disability Act of 1990, and Elliott-Larsen Civil Rights Act of 1977, it is the policy of the Richmond Community School District that no person shall, on the basis of race, color, religion, military status, national origin or ancestry, sex (including sexual orientation or transgender identity), disability, age (except as authorized by law,) height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to, discrimination during any program, activity, service or employment. Inquiries related to any nondiscrimination policies should be directed to the Superintendent, 35276 Division Road, Richmond, MI 48062, (586) 727-3565.