

# Napoleon Community Schools Support Staff Application

Name \_\_\_\_\_ Date \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Citizen of the US \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Position Desired:

_____ Paraprofessional Aide K-12	_____ Maintenance
_____ Clerical	_____ Bus Driver
_____ Child Care	_____ Food Service Technician

Are you certified or licensed in any skill or professions? If yes, which skill or profession:

\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Present or last salary? \_\_\_\_\_

Name and address of present employer:  
\_\_\_\_\_

When may present employer be contacted? \_\_\_\_\_

U.S. Military Experience: \_\_\_\_\_ Length of Service \_\_\_\_\_

## Education & Professional Training

List High Schools, Colleges	Location	Degree Received	Area of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently working toward a higher degree? \_\_\_\_\_ If yes, what is your expected completion date and degree expected? \_\_\_\_\_

Napoleon Community Schools  
Application form - Attachment A  
*(Must be signed and included with all applications)*

**Notice of Handicapper Rights**

Michigan law requires that you notify the Napoleon Community Schools in writing within 182 days after you know or should have known that an accommodation for handicap will be necessary to permit you to perform the duties of the position for which you are applying.

**Notice of Medical Examination**

Any job you are offered by the Napoleon Community Schools will be conditional on the results of a medical examination if one is requested by the Napoleon Community Schools. The medical exam will be completed before you begin work on your job.

APPLICANT'S CERTIFICATION AND AGREEMENT

Reading the following carefully before signing this application for employment

**1. Certification of Truthfulness:**

I certify that all statements on this Application of Employment are made truthfully and without evasion and further understand and agree that such statements may be investigated and if found to be false, will be sufficient reason for not being employed may result in my dismissal.

**2. Pre-employment and Investigation Applicant Acknowledgement, Authorization, Consent and Release:**

I, the undersigned Applicant for employment with Napoleon Community Schools do hereby acknowledge, authorize and consent to a pre-employment investigation to be conducted by agents of Napoleon Community Schools for the purpose of confirming and verifying the contents of my application for employment, resume and/or letter of interest submitted by me and/or to confirm or verify any verbal representations made or to be made by me with respect to my consideration for employment with Napoleon Community Schools. Further, I do hereby acknowledge authorize and consent to agents of Napoleon Community Schools to contact any or all of my personal references, former or current employers and any other persons and organization deemed necessary by the investigating agents for the purpose of making pre-employment inquiries and obtaining information concerning my character, reputation and/or work record and experience.

Also, I do hereby authorize and consent to agents of Napoleon Community Schools to contact any child protection agencies or registries, law enforcement authorities and/or judicial authorities and to make pre-employment inquiries and to obtain any information and/or records related to me to determine if I have committed or have been convicted of any crimes and if there are any felony charges pending including the nature of the crimes committed and or the pending felony charges.

I hereby authorize and consent to the release of any information, written or verbal and/or any documentation regarding my character reputation work record and experience from any person including my present and/or former employers upon the request of the agents of Napoleon Community Schools conduct the pre-employment investigation.

I do hereby waive written notice of the disclosure of any disciplinary reports, reprimands and/or actions from my current or former employers.

Also I do hereby release any person providing information and/or documents concerning my character, reputation and/or work record and experience to agents of Napoleon Community Schools pursuant to the pre-employment investigation from any and all claims and/or liability whatsoever for any damages and/or consequences which may result therefrom.

I do hereby release Napoleon Community Schools, its individual Board members, employees and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation and/or physical examination including the drug screening test (if applicable, related to my consideration for employment with Napoleon Community Schools.)

**READ CAREFULLY, THIS DOCUMENT CONTAINS A RELEASE**

Date \_\_\_\_\_

\_\_\_\_\_  
Full Name -Please Print

WITNESS

\_\_\_\_\_  
Signature of Applicant

**3. Physical Examination and Testing**

I agree to submit, upon request, for physical examination by the district's physician and to execute appropriate releases for that purpose. In addition, I agree to submit to a pre-employment substance screening test and to all search and substance testing if requested by the district. I also agree to participate in any aptitude or other testing the district believes will assist in hiring or placement decisions.

**4. Criminal Records Clerk:**

I agree to execute an authorization for this employer to secure criminal conviction history and record of referrals to first offender programs from the appropriate law enforcement agency should the Board determine it is necessary to do so.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Return application and all materials to:*

James E. Graham, Superintendent  
Napoleon Community Schools  
P.O. Box 308 200 West St.  
Napoleon, MI 49261  
(517) 536-8667

**Napoleon Community Schools is an  
Equal Opportunity Employer**