

**APPLICATION  
FOR A NON CERTIFIED POSITIONS  
IN HINSDALE SCHOOL DISTRICT  
(PLEASE PRINT OR TYPE)**

**POSITION(S) DESIRED**

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER<sup>1</sup>

## PRESENT ADDRESS

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

### PERMANENT ADDRESS

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

**E-MAIL ADDRESS (IF AVAILABLE)**

LIST HOW YOU HEARD OF THIS OPENING.

## EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/ MINOR	DIPLOMAS, DEGREES OR CREDITS	GRADE POINT AVERAGE
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY				
GRADUATE STUDY				

<sup>1</sup> Federal Privacy Act [5 U.S.C. §552A NOTE] Statement. Authority for requesting social security account numbers: Public School Code of 1949 [24 P.S. § 12-1212, 24 P.S. § 1224] Principal Purpose: To verify certification. Other Purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the Social Security Number will result in an applicant not being considered for employment.

## EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer and Address		Your Title
From				
To				
		(Area Code) Telephone:		
Work Performed:			Reason for Leaving:	
Name & Title of Supervisor:				

  

Dates		Name of Employer and Address		Your Title
From				
To				
		(Area Code) Telephone:		
Work Performed:			Reason for Leaving:	
Name & Title of Supervisor:				

  

Dates		Name of Employer and Address		Your Title
From				
To				
		(Area Code) Telephone:		
Work Performed:			Reason for Leaving:	
Name & Title of Supervisor:				

## REFERENCES

If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

### OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

### GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records. Please list on a separate piece of paper.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently under charges for a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever forfeited bond or collateral in connection with a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the last ten years, have you been fired from any job for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*\*\*\*\*

## CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely too all questions that officials of The Hinsdale School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

---

**Date**

---

**Signature of Candidate (in ink)**  
**[Must be original]**

*The Hinsdale School District shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the New Hampshire employment laws. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.*

