

DETROIT ACADEMY OF ARTS AND SCIENCES

HUMAN RESOURCE DEPARTMENT
2985 East Jefferson
Detroit, MI 48207

PROFESSIONAL EMPLOYMENT APPLICATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last Name	First	Middle	Social Security Number
<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Current Address			Apartment Number
City	State	Zip Code		Area Code/ Telephone Number
Permanent Address				Apartment Number
City	State	Zip Code		Area Code/ Telephone Number

POSITION DESIRED

ADMINISTRATIVE	INSTRUCTIONAL	SUPPORT SERVICES
<input type="checkbox"/> Principal <input type="checkbox"/> Assistant Principal <input type="checkbox"/> Dean of Students <input type="checkbox"/> Human Resources <input type="checkbox"/> Finance/Business <input type="checkbox"/> Other _____	<input type="checkbox"/> Teacher Subject area: _____ _____ _____ <input type="checkbox"/> Tutor <input type="checkbox"/> Special Education Teacher	<input type="checkbox"/> Student Support Services <input type="checkbox"/> Technology Integration Specialist <input type="checkbox"/> Library Media Specialist <input type="checkbox"/> School Psychologist <input type="checkbox"/> School Nurse <input type="checkbox"/> School Social Worker <input type="checkbox"/> Counselor <input type="checkbox"/> Other _____

CERTIFICATION

Michigan Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Certification? <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Other
Certificate Number _____	Date of Issuance _____
Expiration Date _____	
Valid in which State(s) _____	Grade/Subject of Certification _____
Other Teaching Certificates _____	
Are you in the process of receiving alternate certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what? _____	

SUPPLEMENTAL INFORMATION (Please check all areas in which you had significant experience or training)

<input type="checkbox"/> Reading Recovery <input type="checkbox"/> Whole Language Instruction <input type="checkbox"/> The Writing Process <input type="checkbox"/> Cooperative Learning <input type="checkbox"/> Performance Based Assessments <input type="checkbox"/> Other _____	<input type="checkbox"/> Technology Integration In The Classroom <input type="checkbox"/> Special Education <input type="checkbox"/> Inclusion <input type="checkbox"/> Team Teaching <input type="checkbox"/> Conducting Professional Developing Workshops <input type="checkbox"/> Other _____
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Detroit Academy of Arts & Sciences is an equal opportunity employer in accordance with Title VII of the Civil Rights Act of 1964 and 1972 Amendments with Title IX of the Education Amendments of 1972. and section 504 of the Rehabilitation Act of 1973; Detroit Academy of Arts & Sciences prohibits discriminating on the basis of national origin, race, sex, religion, age, sexual preference, and handicapping conditions in its promotional procedures. Michigan Law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

EDUCATION

List below any school, college or university you have attended. **Begin with most recent.**

(Please have all transcripts for all coursework (undergraduate and graduate) sent to Detroit Academy of Arts & Sciences As soon as possible.)

School/Colleges	Dates Attended From To	Major	Minor	Degree	Date of Degree

STUDENT TEACHING EXPERIENCE (IF APPLICABLE)

School and Location (Include address and phone number)	Grade/Subject	Dates of Service	Cooperating Teacher	Supervising Teacher

PROFESSIONAL EXPERIENCE

Begin with the most recent— Not Substitute or Student Teaching

School and Location (Include address and phone number)	Grade/Subject	Dates of Service	Number of Years	Grade/Subject Taught

Briefly describe your past and present teaching experiences.

Do you speak a language other than English? Yes No

If a Yes, Please list other languages and degree of fluency.

OTHER WORK EXPERIENCES Include most recent or significant

Employer and Address	Dates		Supervisor	Position Held	Reason for Leaving
	To	From			

ACTIVITIES AND MEMBERSHIPS (Please list the organizations of participation and/or membership)

Organization	Activity	Dates of Participation

ADMINISTRATIVE EXPERIENCE (To be completed only if applying for an administrative position)

School/Location	School Level	Position	Date		Name and Contact Number of Supervisor
			To	From	

Do You Have Administrative Certification? _____

SUMMARIZE YOUR QUALIFICATIONS BELOW (Please use separate sheet if needed)

- 1.) Describe your teaching experience, including the number of years taught:
- 2.) Describe the computer application(s) and software with which you are familiar. Explain how to integrate them into classroom instruction.
- 3.) What extra-curricular activities are you interested in working with in the school setting?
- 4.) What leadership roles have you held in the last five years?
- 5.) What are your professional goals for the next five years?

GENERAL INFORMATION

1. Were you ever in the Armed Forces? Yes No
2. Were you honorably discharged? Yes No
3. Are you a citizen of the United States? Yes No
4. If No, do you have a legal right to work in this country? Yes No
(Attach copy of ALIEN REGISTRATION CARD)
If Yes, When? _____
5. How would you describe your genuine health Excellent Good Fair Poor

CRIMINAL RECORDS AND CONTRACTS/LICENSURE

Please answer each question yes or no. You may be asked for documentation and a written explanation if answered "Yes" to any of the questions below. If yes to 8 or 9, please provide an explanation and documentation. Conviction of an offense is not an automatic bar to employment- all circumstances will be considered.

1. Have you been convicted of or pled nolo contendere to any of the following, including but not limited to: murder, sexual or physical assault, rape, child molestation, kidnapping, manslaughter, extortion, sexual misconduct with a minor, indecent liberties, incest, unlawful imprisonment, child abuse or neglect, abduction of immoral purposes, failure to secure medical attention for an injured child, pandering, crimes against nature involving children, malicious harassment, patronizing a juvenile prostitute, child abandonment, violation of a child abuse protective order, obscenity offenses, possession or distribution of drugs, arson, use of a firearm in the commission of a felony, child buying or selling, prostitution, felony indecent exposure, larceny, embezzlement or any of these crimes as may be renamed in the future.
 Yes No
2. Have you ever been convicted of any felony or misdemeanor other than those listed above in question 8 or pled, nolo contendere (no contest), or are you now under investigation for any such offense, other than a minor traffic offense.
 Yes No
3. Have you resigned or been discharged from any position, including the armed Forces, while under suspicion of having engaged in criminal, immoral, or unprofessional conduct, or are you now under investigation for any such charge? Yes No
4. Have you ever surrendered a teaching certificate/credential/license/permit, or had one denied, revoked or suspended or is any investigation or adverse action now pending against you? Yes No
5. Have you ever had any disciplinary action taken against you by a previous employer, including written reprimand, suspension, demotion, non-renewal, termination or any other form of disciplinary action? Yes No

APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

- I authorize Detroit Academy of Arts and Sciences to obtain information concerning former employers and others, and I release all concerned from any liability in connection therewith.
- I declare that my answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand that any false statements, or omissions of facts called for appearing on this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, may result in immediate dismissal at the Board of Director's sole discretion.
- If employed, I will abide by the rules, regulations and statements of policy which now exist, or which may, from time to time, be added to, modified, or changed, as circumstances warrant, at the sole discretion of this entity.
- I understand that this application for employment is not a contract and is not intended to confer or create contractual rights of any kind or any nature. If employed, employment is on an at-will basis and may be terminated at any time for any reason, with or without cause, by either the employee or the Detroit Academy of Arts and Sciences, unless I and an authorized officer of the Detroit Academy of Arts and Sciences have signed a separate written contract to the contrary.
- I understand the personal information and fingerprints provided with this form are used to conduct a search of prior criminal records. I hereby authorize the release of my criminal information to the person or agency named above.

Applicant's Signature: _____

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DISCLOSURE AUTHORIZATION FORM

Name of Prior Employer: _____

Address: _____

Dear Employers:

1st Request _____

2nd Request _____

3rd Request _____

4th Request _____

Public Act 189 of 1996 (MCL 380,1230b) requires current or former employers of an applicant seeking a school position, on request, to disclose and make available copies of documents related to information regarding "unprofessional conduct" by the applicant during employment with the current or former employer. "Unprofessional conducts" is defined in Section 1230b of the Revised School Code as "one or more acts of misconduct, one or more acts of immorality, moral turpitude or inappropriate behavior involving a minor or commission of a crime involving a minor." The information and documents requested must be provided no later than 15 days after receipt by the current or former employer.

It is therefore in compliance with this requirement that _____ requests the following information:

I, _____ Social Security # _____ authorize _____

to disclose to _____ any unprofessional conduct by myself and to make available copies of all documents in my personnel record relating to unprofessional conduct.

I hereby release my current or former employer, and any employees acting on behalf of the current or former employer, from any liability for providing information relating to my unprofessional conduct. Furthermore, I waive my right to any written notice required by the Bullard-Plawecki Employee Right to Know Act.

Employee Signature

Date

Employer: In response to the above request, I am providing the following information:

- Confirm dates of employment: From _____ To _____
- Reason you left you employment: _____
- No records of any misconduct
- Records of misconduct (see attached)

Employer

Employer Signature

DETROIT ACADEMY OF ARTS AND SCIENCES CONDITIONAL EMPLOYMENT FORM

I understand that I have been conditionally offered a position as an employee or volunteer by the Detroit Academy of Arts and Sciences, subject to a criminal conviction history check and/or fingerprinting. I understand that the Michigan State Police, Lansing, Mi require the information below, for the criminal conviction history check. I authorize the Detroit Academy of Arts and Sciences to utilize this information for the sole purpose of obtaining a conviction-only history file search.

NAME: _____

Last

First

Middle

Name(s) Maiden/name previously used if any:

Birth Date: _____ Race: _____ Sex: _____

Social Security Number: _____

Driver's License Number: _____

Position Applied For _____

Check one of the following:

- I have not been convicted of, or plead guilty or nolo contendere (no contest) to any crimes.
- I have been convicted of, or pleaded guilty or plead guilty or nolo contendere (no contest)

If hired for a position which require a teacher or administrative certification, read and complete the following:

I understand and agree that pursuant to 1993 Public Act 68:

- The Board of Education must request a criminal history check on me from the Central Records of the Michigan Department of State Police;
- Until that report is received and reviewed by the school, I am regarded as a conditional employee;
- If the report received from the Department of State Police is not the same as my representation(s) above, respecting either my absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of the school.
- I am being fingerprinted by the Detroit Academy of Arts and Sciences and hereby authorize the Criminal Records Division of the Michigan Department of State Police to conduct a state criminal history check and federal criminal records check.

Signature

Date