## Application for Employment (Professional)

## Reading Community Schools 223 Strong - PO Box 330, Reading, MI 49274 517-283-2166

Name:	Last Address: Street C	First	M		_ Date:		
Address: Telephone: Teleph	Address:Street C			iddle			
Street City State Zip  Person to be notified in case of emergency:  Address: Telephone:  Street City State ZIP  18 Years old or older? Yes No Are you a United States Citizen? Yes No  Military Experience  United States Military Service: Have you ever served in the Armed Forces of the United States?  Branch of Service: Date Entered: Date Discharged:  Highest Rank/Rating Held:  Educational Preparation  University Attended (undergraduate) Major Minor  Date Graduated Degree  University Attended (graduate) Degree  Michigan Certificate Held Expiration Date  Name of College or University that has your Most Complete Record on File  Name under Which Credentials Are Filed:	Street C						
Person to be notified in case of emergency:		IIV Sta			_ Telephon	e:	
Address: Street	Person to be notified in case	,	ate	ZIP			
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Date Graduated Degree  Michigan Certificate Held Expiration Date  Name of College or University that has your Most Complete Record on File  Name under Which Credentials Are Filed:  Teaching Experience	Date Graduated		Degree	e		-	
Date Graduated Degree  Michigan Certificate Held Expiration Date  Name of College or University that has your Most Complete Record on File  Name under Which Credentials Are Filed:  Teaching Experience	Jniversity Attended (gradua	te)			Major	Minor	
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Name under Which Credentials Are Filed:	Michigan Certificate Held				Expira	Expiration Date	
Name under Which Credentials Are Filed:  Teaching Experience	Name of College or Universit	tu that has w	aur Mas	t Complete	Dosard on File	•	
Teaching Experience							
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Name of School Grades / Subjects Taught Dates Name of Superviso	Гeaching Experience						
rame of School Grades / Subjects raught Dates Italie of Superviso	Name of School	Grades /	Subject	s Taught	Dates	Name of Supervisor	

Other Employmen	t Experience		
Present or Last Pos	sition:	Name of Company	
Address:		Company Phone Num	ber:
		Salary per	
Name of Superviso	r	Reason for Leaving:	
Your duties:			
Former Position: _		Name of Company	
Address:		Company Phone Nur	nber:
		Salary per	
		Reason for Leaving:	
Attach Additional I	ist if Necessary		
•		·	misdemeanor other than a minor traffic
violation? Yes	No	if yes, give details:	
		Principals, and Superintendents ur	
Name	Address	Business	Telephone
Name	Address	Business	Telephone
Name	Address	Business	Telephone
knowledge. I also un employment with Read be sufficient cause for related materials and employment I understa I also authorize Readi	derstand that the submissiding Community Schools. It dismissal. I authorize Read the district shall not be liand that this application willing Community Schools to old	on of this application does not assure manderstand that if employed, falsified stateing Community Schools to inquire and verable for any damages which may result become a permanent part of my personnel	P.A. 00 of 1992 and/or Board Policy and information
Signature of Applic	ant:	Da	ate:

The Reading Community School District Board does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, genetic information, or any other legally protected status in its employment decisions or the provision of services.