

**NEW CASTLE COMMUNITY SCHOOL CORPORATION**

322 Elliott Avenue  
New Castle, IN 47362

**TEACHER EMPLOYMENT APPLICATION**

**Note:** This application is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration without discrimination because of sex, national origin, age, disability, veteran status, citizenship status, and all other protected groups. A felony conviction will not necessarily bar an applicant from employment. To assure qualification for essential functions of the job, employment may be contingent upon the results of additional testing of your job-related skills, mental/physical abilities, physical condition and for the presence of drugs in your body.

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip)

HOME TELEPHONE: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME	LOCATION CITY & STATE	DATES ATTENDED	MAJOR DIPLOMA/ DEGREE
Last High School Attended	_____	_____	_____	_____
*Colleges or Universities	_____	_____	_____	_____
Business or Trade	_____	_____	_____	_____
Other:	_____	_____	_____	_____

\*If you did not receive a degree, indicate the number of college hours completed: \_\_\_\_\_. Please attach your college transcript with this application.

**LICENSE RECORD**

KIND OF CERTIFICATE	GRADE	EXPIRES	SPN	SUBJECT/GRADES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EXPERIENCE**

LIST ALL EXPERIENCE - USE SEPARATE SHEET IF NECESSARY

FROM	TO	NAME AND ADDRESS OF EMPLOYMENT	IMMEDIATE SUPERVISOR	POSITION HELD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFERENCES**

Please list the names of three (3) persons who know your professional work and qualifications. If you are a beginning teacher, please list individuals who are familiar with your college work.

NAME	ADDRESS/E-MAIL	PHONE	POSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why do you desire to leave your present position, or why did you leave your last position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involuntarily terminated from the employment of another school district?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give the name of the district, the date and the reasons for the termination.

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Are you aware of any reason you would not be able to perform the duties required for the position for which you are making an application? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain: \_\_\_\_\_

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**Certification and Release:**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Chemical Dependency Policy**

Employees possessing, using, selling, or buying any alcoholic beverage, narcotic, hallucinogenic drug, marijuana, barbiturate, amphetamine, intoxicant or other illegal chemical substance during working hours or on school premises, or reporting to work under the influence of any of the above will be subject to disciplinary action including, but not limited to, suspension with or without pay, or termination of employment. Area law enforcement agencies will be informed of any such occurrence.

Employees with a chemical dependency, but who have not committed acts as outlined in paragraph one, shall not have their job security affected by a diagnosis itself or a request for treatment.

Once chemical dependency has been professionally diagnosed, it is the responsibility of the employee to cooperate with professionally prescribed treatment. Should the employee refuse to seek treatment, and the illness persists, the situation shall be handled as any other case, which adversely affects job performance. The case shall be reviewed and suitable action including, but not limited to, termination of employment, will be taken.

The confidential nature of medical and personnel records of any employee with chemical dependency shall be preserved in the same manner as all other records.

Information regarding Resources for Drug and Alcohol Abuse Treatment will be available in the Main Office of the school as well as the Administration Building. It is the individual employee's responsibility to seek treatment, if needed.

As a role model for young people, school employees are encouraged to set a positive example by refraining from the use of chemical substances.

Bus Drivers with CDL are subject to Substance Abuse Policy of Employees with Commercial Driver's License for Compliance with 49 C.F.R. Part 382.601 and 49 C.F.R. Part 40.

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

\_\_\_\_\_  
Date

## NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with New Castle Community School Corporation. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

### AUTHORIZATION

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize New Castle Community School Corporation to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at New Castle Community School Corporation. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

\_\_\_\_\_  
Print Name (last, first, middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Drivers License State

\_\_\_\_\_  
Sex (M/F)

\_\_\_\_\_  
Ethnicity

A=Asian

AI=American Indian/Alaskan

W=White

B=Black/African American

N=Native Hawaiian/Other Pacific Islander

**(For ID Purposes Only)**

Any other names I have been known by: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Addresses (Last 7 Years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand if payment is not received within 5 business days the amount of the expanded criminal history report will be deducted from my paycheck.

Please initial \_\_\_\_\_