

**MILLINOCKET SCHOOL DEPARTMENT**

P.O. Box 30  
Millinocket, ME 04462  
207-723-6400  
207-447-6599 (Fax)

**APPLICATION FOR SCHOOL SECRETARY**

**THE MILLINOCKET SCHOOL DEPARTMENT DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.**

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

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Temporary Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ When are you available?: \_\_\_\_\_

**EDUCATION:** Transcripts, including grades, from all college(s)/university(s) attended must be provided. It is essential that this section be completed accurately.

College/University Attended	Degree Awarded (if any)	No. of Yrs. Attended	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CERTIFICATION:** List certification(s) you hold and provide copies of certification.

Type	State	Date Issued	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____

What skills do you possess that would be relevant to this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE:** A resume must be provided. In addition to educational background and work experience, include professional activities in which you have been involved. Please list below positions held, employer, and dates of employment for the past ten years. Please account for any gaps in employment on a separate page.

From (Month/Year)	To (Month/Year)	Employer and Position	Name and Telephone of Direct Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BACKGROUND:**

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes \_\_\_\_ No \_\_\_\_

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes \_\_\_\_ No \_\_\_\_

Has your contract in a prior position ever been non-renewed? Yes \_\_\_\_ No \_\_\_\_

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes \_\_\_\_ No \_\_\_\_

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes \_\_\_\_ No \_\_\_\_

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes \_\_\_\_ No \_\_\_\_

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes \_\_\_\_ No \_\_\_\_

Has any court ever deferred, filed, or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty, or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes \_\_\_\_ No \_\_\_\_

If you have answered YES to any of the previous questions, provide full details below including with respect to court actions, the date, offense in question, and the address of the court involved. Attach additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

**REFERENCES:** Please list three references, two of whom are most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

Name	Position	Address	Telephone
<hr/>			
<hr/>			
<hr/>			

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local, or federal agency. I further authorize those persons, agencies, or entities that Millinocket School Department contacts in connection with my employment application to fully provide Millinocket School Department any information on matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Millinocket School Department, its agents and officials, or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

**APPLICATION FOR ADMINISTRATIVE PERSONNEL CHECK LIST:** The completed employment application cannot be evaluated unless all of the following materials have been provided:

- \_\_\_ Application form fully completed on or before the posted deadline unless arrangements have been made directly with the Superintendent of Schools (if applicable)
- \_\_\_ Copies of Transcript(s)
- \_\_\_ Copy of Maine Certificate(s)
- \_\_\_ Resume
- \_\_\_ Gaps in employment during the past ten years explained
- \_\_\_ YES to any of the questions in the Background section explained
- \_\_\_ Application signed and dated

---

**NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE MILLINOCKET SCHOOL DEPARTMENT. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICATION/EMPLOYEE.**