



CLASSIFIED EMPLOYMENT APPLICATION

(PLEASE TYPE)

POSITION(S) DESIRED _____

NAME _____

LAST	FIRST	MIDDLE	DATE OF BIRTH
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PRESENT ADDRESS _____

STREET	(AREA CODE) TELEPHONE
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CITY	STATE	ZIP CODE
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PERMANENT ADDRESS _____

STREET	(AREA CODE) TELEPHONE
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CITY	STATE	ZIP CODE
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E-MAIL ADDRESS _____

EDUCATIONAL BACKGROUND

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

MIDLANDS STEM INSTITUTE does 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 Pennsylvania Human Relations Act. 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 Marie Milam, Executive Director, Midlands STEM Institute.

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

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REFERENCES

Submit three (3) references to include supervisors who have first-hand knowledge of your professional competence and your personal qualifications. 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

Complete answers to the following 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.

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.

Omissions: Please omit minor traffic violations.

Complete the following questions:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Have 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 |
| Within the last ten years, have you quit a job after being notified that you would be fired? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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Are you subject to any visa or immigration status, which would prevent Yes No
lawful employment?

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

South Carolina State Law Enforcement Division (SLED) Criminal Background Check

Each applicant must submit with his/her employment a completed and signed SLED Criminal Background Check form.

Tuberculosis Form

Each applicant must submit with his/her employment a completed Tuberculosis form certified by a medical physician, RN, PA, or other licensed medical professional.

Sex Offender Registry

The Sex Offender Registry will be checked for each applicant.

W-4 and I-9

Each applicant must submit with his/her employment a completed W-4 Form and I-9 Form, a copy a valid picture ID (driver's license), and social security card.

Acceptable Use and Social Media Policy

Each applicant must sign an acceptable use policy for internet and media use.

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 any offer of employment, and/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 to all questions that officials of MIDLANDS STEM INSTITUTE 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 MIDLANDS STEM INSTITUTE. 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 Candidate
[Must be original]

Note to applicants: This application can be downloaded from Midlands STEM Institute's Human Resources page which is accessible under the Human Resources Tab at www.midlandsstem.org

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