

# Bluffton-Harrison M.S.D.

805 East Harrison Street  
Bluffton, Indiana 46714  
Office: (260) 824-2620  
Fax: (260) 824-6011



## Certified Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: (    )                      E-mail Address: \_\_\_\_\_

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

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?      YES    NO      If no, are you authorized to work in the U.S.?      YES    NO  
                             

Have you ever worked for BHMSD?      YES    NO      If yes, what position and when?  
   

Have you ever been charged or convicted of a felony?      YES    NO  
   

If yes, explain: \_\_\_\_\_

**NOTE: You will be required to provide a criminal history check as a condition of employment**

### Education

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

Licenses: \_\_\_\_\_ Subject: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Grades covered: \_\_\_\_\_ Number: \_\_\_\_\_

Licenses: \_\_\_\_\_ Subject: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Grades covered: \_\_\_\_\_ Number: \_\_\_\_\_

### References

*Please list three professional and/or personal references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (    )

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (    )

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (    )

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

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## Student Teaching Experience

School Corporation:

Phone: (     )

Address:

Supervising Teacher:

Course(s) Taught:

Building Principal:

Responsibilities:

From:

To:

## Additional Information

Please provide any additional employment, training, or autobiographical information that will assist us in arriving at an estimate of your qualifications.

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## Previous Employment

Employer: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

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Employer: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

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Employer: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

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## Additional Job Skills

What specific skills or experiences do you have which would qualify you for this position:

Describe your decision making process:

Describe your classroom/teaching style:

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview maybe grounds for rejection or dismissal.

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

**Return to: Bluffton-Harrison M.S.D., 805 East Harrison St, Bluffton, IN 46714**

Bluffton-Harrison M.S.D. does not discriminate on the basis of religion, race, color, national origin, sex, disability, age, marital status, genetic information, or any other legally protected characteristic, in its programs and activities, including employment opportunities.