

Mississinewa Community School Corporation
Administration Office
424 East South A Street
Gas City, IN 46933

It is the policy of Mississinewa School Corporation not to discriminate on the basis of race, color, religion, sex, national origin, age, or disability, in its programs, activities, or employment policies as required by the Indiana Civil Rights Law (I.C. 22-9-1), Title VI and VII (Civil Rights Act of 1964), the Equal Pay Act of 1973, Title IX (Educational Amendments), Section 504 (Rehabilitation Act of 1973), and the Americans with Disabilities Act (42 USCS Â§12101,et. seq.).

Inquiries regarding compliance by Mississinewa School Corporation with Title IX, Section 504, and other civil rights laws may be directed to:

Superintendent (Mrs. Lezlie Winter)
 Mississinewa School Corporation
 424 East South A Street
 Gas City, IN 46933

Telephone (765) 674-8528

Adopted: April 17, 2007

Personnel Application - Classified Employees

Name _____
 Last **First** **Middle** **Maiden Name**

Address _____
 Street **State** **Zip**

Social Security # _____ **Contact Phone#** _____

Applying for what position _____ **full-time** _____ **part-time** _____

Education and Training:

	School Location	Major/Degree	Graduation Date
High School			
College			
Other			

Complete this section if applying for a Paraprofessional Position:

Have you obtained a minimum of 60 college credit hours? YES _____ NO _____
 (Transcripts must be submitted with your application)

Have you completed the ParaPro Exam? YES _____ NO _____ **If you answered yes, what score did you obtain?** _____ (Exam scores must be submitted with your application)

Employment History: (please begin with your most recent employer)

1. Employer:	Hire Date:	Termination Date:
Address:	Employer Phone Number ()	
Job Title:	Supervisor Name:	
Describe Work Performed:	Reason for Leaving:	
	May we contact employer? yes ___ no ___	
2. Employer:	Hire Date:	Termination Date:
Address:	Employer Phone Number ()	
Job Title:	Supervisor Name:	
Describe Work Performed:	Reason for Leaving:	
	May we contact employer? yes ___ no ___	
3. Employer:	Hire Date:	Termination Date:
Address:	Employer Phone Number ()	
Job Title:	Supervisor Name:	
Describe Work Performed:	Reason for Leaving:	
	May we contact employer? yes ___ no ___	

If applying for bus driver position, what type of driver’s license do you hold?

Operator _____ **Chauffeur** _____ **CDL** _____

License number _____ **Expiration date** _____

If applying for janitor position, please check appropriate blank below regarding experience:

Skills In	Skilled	Average	No Experience
Carpentry			
Plumbing			
Painting			
Floor Maintenance			
Electrical Repair			
Minor Repairs			

Do you have any restrictions? (all applicants)

Yes _____ No _____ if answered yes, please explain below:

The State of Indiana has mandated, as of July 1, 2009, that all new employees of MISSISSINEWA COMMUNITY SCHOOLS are required to have on file an Extended Criminal History Report. Go to www.olemiss.k12.in.us, select Human Resources from the left hand column, scroll down to and select Criminal History Application. You will be asked to pay \$28 by credit card. This application is to be completed immediately after you are offered a position. If you have questions, call 765-674-8528.

Authorization and Release

I authorize the release to Mississinewa Community School Corporation any and all information pertaining to this application including without limitation, reference checks, and release of investigatory information, including a criminal history possessed by any private or public employer or any local, state, or federal agency. I further authorize any and all persons in any capacity to answer any and all questions in any form that may be submitted to them concerning this application. I agree that all information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, on my resume and/or interview shall constitute grounds for refusal to hire or immediate termination from employment.

Signature _____ Date _____

Email _____