

Preparing students to be effective servants of Christ in contemporary society

APPLICATION FOR PROFESSIONAL STAFF

This form must be filled out **COMPLETELY**. All information will be kept confidential.

We consider applicants for all positions without regard to race, color, gender, national origin, age, non-disqualifying disability, marital or veteran status.

PERSONAL INFORMATION

Name	M.I.	Home Phone
Address		
Email address	City Telephone Home _	State Zip
Work	Cell	
Is additional information relative to a different If yes, please explain:	· ·	
Do you have the legal right to work in the U.S	.? □ YES □NO	
Are you able to do the essential functions of the		are applying?
EMPLOYMENT INFORMATION		
Name of Current Employer		
Are you under a continuing contract? If yes, e	expiration date	Present/last salary \$
May present employer be contacted?	Supervisor's name	e/title
Address		
Position desired (be specific)		Part time Full time
Do you have a Michigan teacher certification?		If no, are you eligible?
If yes, give complete description of certification	on/license held	
`Do you have certification in another state?		
If yes, give complete description of certification	on/license held:	
Have you ever been fired, dismissed or asked to employment or refused re-employment? ☐ Y		
Have you ever been convicted of a crime (included felony charges pending against you now? Drovide the details.		

Note: A yes response does not automatically disqualify a job applicant from further consideration. Each applicant is evaluated individually, based on a number factors including the nature of the crime, how long ago the crime occurred, whether a sufficient or satisfactory work record has been established since the crime, and the criteria of the position for which application is being made.

List High Schools, Colleges, Universities Attended (most recent FIRST)		Location			Degrees Received	Majors	Minors	
re you presently working tow	/ard a higher	degree?	Deg	ree and date	expected			
rom what educational institut	ion?				F			
ORK EXPERIENCE	IN EDUC	CATION	<u> </u>					
Name of Institution Position		(CSI School?	Reason for Leaving			Annua Salary	
THER WORK EXPE	RIENCE	T			T			
Name of Company F		Pos	ition	Reasons for Leaving				
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st present and past membe								
	ganizations					ntes of Membership		
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GRAND RAPIDS CHRISTIAN SCHOOLS 2400 PLYMOUTH AVE SE GRAND RAPIDS MI 49506

PHONE: 616-574-6000

APPLICANT'S CERTIFICATION AND AGREEMENT

<u>Certification of Truthfulness</u>: I certify that I have read and understand the provisions of this application, and of any documents which accompany the application. My questions, if any, have been asked and answered to my satisfaction.

I certify that the information furnished in or accompanying this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, distortion or omission with respect to such information, whether pertaining to this application or other aspects of the pre-hiring process, will be sufficient reason for my not being offered employment or if employed, my dismissal at any time without recourse.

Authorization for Medical Information: I authorize every medical doctor, physician or other health care provider to provide to Grand Rapids Christian Schools any and all information including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous health history or to any examination, consultation, test or evaluation I undergo in connection with my employment with Grand Rapids Christian Schools or my application for employment with Grand Rapids Christian Schools. I hereby release every medical doctor, health care personnel and every other person, firm, officer, corporation, association, organization or institution which complies with this authorization from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a conditional job offer has been made.

Employment at Will: If I am hired in consideration of my employment, I agree to abide by the rules and policies of Grand Rapids Christian Schools, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at anytime, at the option of either Grand Rapids Christian Schools or myself. I understand that no representative of GRCS, other than the Superintendent, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Superintendent must be made in writing and signed by him or her to be effective.

<u>Limitation on Claims</u>: I agree that any lawsuit or claim against Grand Rapids Christian Schools arising out of my employment or termination of employment (including, but not limited to, claims arising under state, federal or local civil rights laws) must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits or claims, within (i) 180 days of the events(s) giving rise to the claim, or (ii) the time limit by statue, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

Authorization for Investigation, Release, and Waiver: I authorize Grand Rapids Christian Schools to conduct an investigation of me, including but not limited to all statements made by me in this application and to fulfill any requirements set forth in applicable state and federal laws. I authorize all sources of information to give Grand Rapids Christian Schools any information or any other information they may have, personal or otherwise. I release all sources of information from all liability for any damage that may result from furnishing information to Grand Rapids Christian Schools. Also, I hereby waive written notice to me that employment information is being provided by any person or organization. A photo static copy of this Authorization, Release and Waiver shall be considered as effective and valid as the original.

I understand and agree that the employer will conduct a criminal conviction record check (including but not limited to a driving conviction record check) in connection with my application for employment; and I hereby consent to such record checks and agree to pay for a criminal background check.

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NOTICE TO ALL APPLICANTS

<u>Work Authorization:</u> Before any applicant can begin work, the person must be able to verify, under federal law, that he or she is authorized to work in the United States. All applicants offered a position with Grand Rapids Christian Schools will have to document their authorization to work before the hiring process will be complete.

All applicants are being notified at this time that, if selected for hire, it will be your responsibility to provide Grand Rapids Christian Schools with documentation showing your right to work. Grand Rapids Christian Schools is giving you this notice so you may have those documents ready if you should be offered a position. The documents will be reviewed at the time a conditional offer of employment is made.

<u>Medical Examination:</u> Any job you are offered by Grand Rapids Christian Schools will be conditional on the results of a medical examination if one is requested by Grand Rapids Christian Schools. The medical exam will be conducted by a physician selected by Grand Rapids Christian Schools and will be completed before you begin work on the job.

<u>Accommodations:</u> Michigan law requires that you notify Grand Rapids Christian Schools in writing of a need for an accommodation for employment within 182 days after you know or should have known that an accommodation of your disability is needed.

Print Name					
Current Address	Street	City	State	Zip	
Signature		Date _			