



Lawrenceburg Community School Corporation

300 Tiger Blvd., Lawrenceburg, IN 47025

812-537-7200

Fax 812-537-0759

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: _____

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Phone () Date available for Employment: _____

Date Available: _____ Indiana Teacher Retirement No.: _____

Position(s) Applied for: _____

Can you produce documentation to verify legal employability in the U.S.? YES NO

Have you ever worked for this school corporation? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you presently under investigation for a crime? YES NO

If yes, explain: _____

Personal Data (optional)

List professional, honorary and service organization memberships (include offices held or awards earned).

Indicate applicable coaching, volunteer, or community involvement experience.

Education

High School: _____ Address: _____

College: _____ Address: _____

From: _____ To: _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Degree: _____

References

Please list up to six professional references.

Full Name: _____ Relationship: _____

School/
Organization: _____ Phone: () _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

School/
Organization: _____ Phone: () _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

School/
Organization: _____ Phone: () _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

School/
Organization: _____ Phone () _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

School/
Organization: _____ Phone: () _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

School/
Organization: _____ Phone: () _____

Address: _____ Email: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

It is the policy of the Lawrenceburg Community School Corporation to comply with the Indiana Civil Rights Act (I.C. 22-9-1), I.C. 20-8.1-2, Title VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, Title IX (1972) Education Amendments, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1992, the Family Medical Leave Act of 1993, and other applicable State and Federal Statutes. The Lawrenceburg Community School Corporation further assures that it will not discriminate against any person on the basis of race, color, religion, sex, national origin, age, disability, or limited English proficiency, nor will anyone be denied the benefits of, or be otherwise subjected to discrimination in admission or access to, or treatment or employment in the conduct of any of its educational programs and activities and the operation of its facilities.

In keeping with the School Board's commitment and requirements of the law, the School Board and staff will strive to remove any vestige of discrimination in employment, assignment, and promotion of staff; in educational programs, services and opportunities offered students; in location and use of facilities; and in educational materials.

Inquiries regarding compliance with Title IX, Section 504 or the Americans with Disabilities Act, or limited English proficiency should be directed to the Superintendent of the Lawrenceburg Community School Corporation, 300 Tiger Boulevard, Lawrenceburg, IN 47025. The telephone number is (812) 537-7200 or the Office for Civil Rights, Washington, D.C.

Legal Reference: IC 20-4-10.1-1 et seq.
IC 20-5-2-1
IC 20-5-2-2

I certify that my answers are true and complete to the best of my knowledge.

I authorize Lawrenceburg Schools to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand that the use of my social security number is for background check disclosure.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of the Lawrenceburg Community School Corporation.

Signature: _____ Date: _____

Re-submit application for each school year or notify us annually that you wish to keep the file active.