



Do you currently hold a license or other approval issued by a regulatory agency **within** Michigan which is required for the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please state date of issuance, date of expiration and nature of license/approval. Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Nature of license/approval \_\_\_\_\_

Do you currently hold any certificates, licenses, or approvals issued by a regulatory agency **outside** of the state of Michigan which are related to the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date \_\_\_\_\_ Nature of certificate/license/approval \_\_\_\_\_

Has any previous teaching certificate(s), professional license(s) and/or approval(s) held by you ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered "yes" to this question, please explain in detail on a separate sheet of paper.

Have you ever requested that your present certificate (or any endorsement or grade level certification on your certificate), approval, or license be nullified or limited? Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered "yes" to this question, please explain the date of that request, the reason(s) for that request, the agency to which the request was made, and the disposition of that request. Please use a separate sheet for providing this information and attach it to the application.

Are there currently any proceedings against you pending to suspend, revoke, limit, or qualify any of the teaching certificates, approvals, or licenses referred to above? Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered "yes" to this question, please explain in detail on a separate sheet and attach it to the application.

Please list the name of each Michigan public school district where you have performed services, including long-term substitute teaching services but excluding student teaching, and the school year(s) during which those services were rendered.

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Have you ever been denied tenure rights or status with any of those schools or institutions? Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered "yes" to this question, please explain in detail on a separate sheet of paper and attach it to the application.

Have your tenure rights ever been revoked or the subject of any tenure proceedings at any of the above schools or institutions or any other educational institution, whether or not in Michigan? Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered "yes" to this question, please explain in detail on a separate sheet of paper and attach it to the application.

Have you ever been requested to resign or otherwise surrender your employment rights with any school or other educational institution? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain in detail on a separate sheet of paper and attach it to the application.

Why do you wish to leave your present position? \_\_\_\_\_

If selected, when would you be able to begin work? \_\_\_\_\_

### **CRIMINAL HISTORY INFORMATION**

Have you ever been convicted of a felony or a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above question is "yes", please answer each of the following questions. Please use a separate sheet of paper and attach it to the application.

- Please identify each offense of which you have been convicted.
- Please provide the date of the conviction(s).
- Please provide the state and court of conviction(s).

Do you currently have any felony charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above question is "yes", please describe the nature of the pending felony charges and also identify the state and court where these charges are pending. Please use a separate sheet of paper and attach it to the application.

## EDUCATIONAL BACKGROUND

	Name and Location	Type of Degree or Diploma	Cumulative Grade Point Avg.
High School			
Undergraduate Work			
Graduate Work			

## EXPERIENCE

### Teaching Positions Held:

	Name and Location of School System	Supervisor/Evaluator	Name of School	Subjects Taught	Dates Taught	Yearly Salary	Reason for Leaving
STUDENT TEACHING							
FULL-TIME TEACHING							

### Non-Teaching Work and/or Military Experience:

Location	Type of Work	Dates Worked	Employer	Supervisor

**Other Related Experience(s) or Volunteer Work with Children:**

Location	Type of Work	Dates Worked	Employer	Supervisor

**Professional Publication(s) you have authored:** \_\_\_\_\_

**REFERENCES**

List superintendents, principals, and supervisors under whom you have taught and others who have knowledge of your ability as a teacher. Unless otherwise noted, all references will be contacted. Do not include relatives.

Full Name and Title	Mailing Address	Phone Number	Reference Check

Consideration of this application is conditioned upon the applicant signing the addendum to the Teacher Application Form entitled, *Applicant Acknowledgement, Authorization, Consent and Release for Pre-Employment Investigation*. Further, the applicant understands that this application is not an offer of employment or an offer of a contract for employment with the Oakridge Public Schools. This application does not obligate the Oakridge Public Schools in any way should it determine to offer employment to the applicant.

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

