

ROGERS CITY AREA SCHOOLS
1033 West Huron Avenue, Suite B
Rogers City, Michigan 49779
989.734.9100

APPLICATION FOR EMPLOYMENT

Name _____

Present Address _____

Telephone _____ Cell Phone _____

Please check the position for which you are applying:

- _____ Administrative
- _____ Teacher
- _____ Guidance and Counseling
- _____ Substitute Teacher
- _____ Other: (please specify)

PERSONAL DATA:

Title _____ of _____ teaching _____ certificate

_____ Elementary _____ Vocationally Certified
_____ Secondary _____ Guidance Counseling

Degrees

_____ B.A. or B.S. _____ M.A. or M.Ed.
_____ Ed.S. _____ Ph.D. or Ed.D.

Grade point average to date _____

Have you ever been denied tenure? _____ Yes _____ No

If so, please explain: _____

Expected salary _____

When could you begin work? _____

Date of Application _____

Please list persons qualified to answer concerning your qualifications for the position you seek:

Name	Position	Address	Telephone Number

Please state reason you are seeking this position:

Please state what you think the goals of public school education should be today:

Are you willing to assume extra curricular duties? Yes_____ No_____
If so, what types of things would you be willing to?

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is just cause for dismissal.

Signature

Date Signed