

ROSSVILLE CONSOLIDATED SCHOOL DISTRICT  
ONE ROBERT EGLY DRIVE, P.O. BOX 11  
ROSSVILLE, INDIANA 46065-0011

**CLASSIFIED APPLICATION FORM**

**BACKGROUND INFORMATION**

(Please Type or Print)

\_\_\_\_\_  
Last Name First Name Middle Initial

Other Name(s): \_\_\_\_\_  
Please provide information related to change of name, assumed name, or nickname under which your credentials may be found.

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone number Alternative Telephone Number Email address

Specific position you are applying for: \_\_\_\_\_

**EDUCATION AND LICENSE INFORMATION**

High School:

\_\_\_\_\_  
NAME LOCATION DIPLOMA DATES

College(s):

\_\_\_\_\_  
NAME LOCATION DEGREE DATES

\_\_\_\_\_  
NAME LOCATION DEGREE DATES

Currently licensed to teach in state(s) of: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Subject/grade levels licensed to teach (including all endorsements): \_\_\_\_\_

**SCHOOL BUS DRIVER APPLICANTS**

State Drivers Licensed Issued: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Current License Type and Class: \_\_\_\_\_

License Restrictions: \_\_\_\_\_ License Endorsements: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do You Possess a Yellow Card from the Indiana State School Bus Committee:  Yes  No

Yellow Card Number, if applicable: \_\_\_\_\_

**EXPERIENCE**

Employer

Location

Position

Employment Dates

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

**REFERENCES**

Please list the names of three (3) persons who know your professional background and qualification.

Reference One:

Name	Title	Telephone Number
Address	City/State/Zip Code	Email Address

Reference Two:

Name	Title	Telephone Number
Address	City/State/Zip Code	Email Address

Reference Three:

Name	Title	Telephone Number
Address	City/State/Zip Code	Email Address

**ACTIVITIES**

List any activities, organizations, athletics, etc. that you have participated in while in college or high school.

High School:

<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
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College:

<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
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**PERSONAL DATA**

Please Check the Appropriate Box and Respond Accordingly

- |     |                          |    |                          |    |   |
|-----|--------------------------|----|--------------------------|----|---|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 1. | Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?   |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 2. | Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?  |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 3. | Have you ever resigned from a prior position without being asked, but under circumstances involving your employers's investigation of sexual conduct with another person, mishandling of funds, or criminal conduct?                                    |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 4. | Have you ever been charged with or investigated for physical sexual abuse of another person?  |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 5. | Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of, any crime involving sexual abuse of any person or any other crime of moral turpitude?   |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 6. | Have you ever been convicted of a misdemeanor and/or felony or ever entered a plea of guilty or a plea of "no contest", or has any court ever deferred further proceedings without entering a finding of guilty or placed you on probation for a crime? |

If you answered yes to any of the questions, please explain on the attached sheet. Please include the date of the incident, charge, the offense in question, the court action taken, if any, and the address of any court involved. Conviction of a crime is not an automatic bar to employment. Rossville Consolidated School District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

**AUTHORIZATION AND RELEASE**

I authorize the Rossville Consolidated School District to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a criminal history, possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employers, or local, state, or federal agencies to provide the Rossville Consolidated School District any information they may release concerning the matter described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy or interference with contractual relation that I might otherwise have against the Rossville Consolidated School District, its officials, employees, trustees, or agents, or against any individual, corporate, and/or agency provider of such information. I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Rossville Consolidated School District does not discriminate on the basis of race, color, religion, sex, national origin, age, or handicapping condition, including limited English proficiency, in its educational programs or employment policies as required by state and federal laws.***

PERSONAL DATA EXPLANATION

ELECTRONIC SUBMISSION AUTHORIZATION AND RELEASE

By electronic submitting this form I authorize the Rossville Consolidated School District to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a criminal history, possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employers, or local, state, or federal agencies to provide the Rossville Consolidated School District any information they may release concerning the matter described herein, and I will cooperate to the extent necessary to obtain the release of this information.

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\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Submission Date

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