



**INTEGRATED EDUCATION SERVICES
MISSION SCHOOLS**

EMPLOYEE APPLICATION FORM

New Hire Checklist

For Office Use Only Date File Completed: _____ _____ Authorized Personnel Signature
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Employee Name: _____ Date: _____

**Please check off all documents that have been provided to
Human Resource. Any missing items must be turned in
before the start date.**

- Resume
- Application or Consultant Information Form NCLB Highly Qualified Rubric
- NCLB Highly Qualified Rubric
- Signed Contract & Salary Schedule
- Tax Forms (W-4, A-4/W-9)
- I-9 Immigration and Naturalization Form (copy of picture I.D. & SSI card attached)
- Three reference letters
- Finger Print Card or Application
- Certification & Transcripts
- Medical & Dental Forms/Waivers
- Direct Deposit (optional)
- Employee Hand Book
- Other: _____



EMPLOYEE APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	PLEASE COMPLETE ALL PAGES	For Office Use Only
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APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE: _____

Name: _____

Last
First
Middle Initial
Maiden

Present address: _____

Number
Street
City
State
ZIP

How long at above address? _____ Evening Telephone: _____

Social Security No.: _____ If under 18, please list age: _____

Position Applied For: _____

Salary desired (Be specific): _____

How many hours can you work weekly? _____

Can you work nights?: Yes No

If Yes, describe: _____

Days/Hours Available to work:

No Preference Thurs _____

Mon _____ Fri _____

Tues _____ Sat _____

Wed _____ Sun _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When will you be available for work?

Education History				
Type of School	Name of School	LOCATION (Mailing address)	Number of Years	Major & Degree
High School				
College				
Business. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

 Applicant Signature

 Date

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MILITARY

Have you ever been in the armed forces? Yes No

Are you now a member of the national guard? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

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Employer Name & Address	Name of Last Supervisor	Employment Dates		Pay or Salary	
		From	To	Start	Final
Your Last Job Title:					
Reason for Leaving: (Please be specific.)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.				

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that

- (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment;
- (2) consent to and compliance with such policy is a condition of my employment; and
- (3) continued employment is based on the successful passing of testing under such policy.

I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Date: _____

Signature of applicant

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications

Thank you for completing this application form and for your interest in our business..

Mission Charter School Teacher Interview Questions**Teacher Relationships with Students**

1. What kind of students do you like to work with? What type of students could you teach most effectively?
2. You give an assignment. A student ridicules the assignment, saying it doesn't make sense. What would you do?
3. How do you help students experience success?
4. How would you individualize instruction for students?
5. What procedures do you use to evaluate student progress besides using tests?
6. How would you challenge the slow learner and the advanced learner within the same class?

Teacher Relationships with Colleagues

1. What kind of teachers would you prefer to work with? Why?
2. What activities would you like to work with in our school?
3. What quality or qualities do you have that would enhance, our teaching staff?
4. What are some personality characteristics you find undesirable in people?