



66 Cutler Road, PO Box 190 ■ East Machias, ME 04630
(207) 255-8301 ■ Fax: (207) 255-8303

School Nurse/Certified Nursing Assistant Instructor Application

WASHINGTON ACADEMY BOARD OF TRUSTEES does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____ Home Phone _____

City State Zip Office Phone _____

_____-_____-_____. I may be contacted: at work (_____) at home (_____)
Social Security Number

APPLICATION INSTRUCTIONS

A person will only be considered an applicant when the following are received:

1. A completed and signed application form. (Please give all information requested on the application even though it may be duplicated on your resume).
2. A letter of application in which you describe why you would like to work at Washington Academy
3. Letters of reference from a minimum of three persons
4. A current resume
5. College/university transcripts

Send all information to: Head of School
Washington Academy
P.O. Box 190
East Machias, ME 04630

CURRENT EMPLOYMENT INFORMATION

Are you presently under contract ____yes ____no

If you, when does your contract expire?_____

Name of Employer _____State _____

Position _____Present Salary _____

ACADEMIC AND PROFESSIONAL TRAINING

Colleges/Universities Attended	Location	Degree	Number of Years completed
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Please have copies of your college/university transcripts and any other credentials on file sent to the address on this application.

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

PROFESSIONAL EXPERIENCE (Please list, beginning with your current or most recent experience).

Number Years	Dates From/To	Position/Responsibilities	Employer
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OTHER RELEVANT WORK EXPERIENCE AND ACHIEVEMENTS

CIVIC AND COMMUNITY INVOLVEMENT

REFERENCES: List at least three persons, two of whom are your most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

Please indicate by number which of the references listed below know the following: (1) your ability (2) your personal qualities and character traits; (3) your achievements.

#	Name	Position	Address	Phone

OTHER INFORMATION: The Washington Academy Board of Trustees is committed to conducting a thorough screening of applicants for all positions and requires the completion of the following questions of all candidates.

Have you ever been disciplined, discharged, or asked to resign from a prior position?
Yes _____ No _____

Have you ever been charged with or investigated for sexual abuse of another person?
Yes _____ No _____

Have you ever been charged with, pleaded guilty or “no contest” (nolo contendere) to, or been convicted of any crime other than a minor traffic offense?
Yes _____ No _____

If you have answered “yes” to any of the above, please explain in detail on separate paper.

NOTE: Criminal charges, arrests, or conviction of a crime are not automatic bars to employment.

Any falsification of information or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize any persons, agencies or entities that the Washington Academy Board of Trustees contracts in connection with my employment application to fully provide the Washington Academy Board of Trustees any information requested. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the Washington Academy Board of Trustees, its agents and officials, MSMA, or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to screening and interview committees which will include other than Trustees (i.e. staff, parents, other citizens), and I give my consent thereto.

Confidentiality of application information will be maintained in accordance with Maine statutes. No information will be released to the public without prior notice being made to the candidate.

Date

Signature