

List professional, trade, business or civic activities and offices held: (You may exclude those which indicate race, color, religion, sex or national origin)

EDUCATION

	High School				College/University				Graduate/Professional			
School Name												
Years Completed: (Circle)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe Specialized Training Apprenticeship, Skills & Extra- Curricular Activities												

EMPLOYMENT EXPERIENCE: Start with present or last job. Continue on a separate sheet of paper if needed.

1	Employer	Phone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
2	Employer	Phone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
3	Employer	Phone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					

If there are any periods between these employers when you were not employed, please state the dates you were not employed and the reasons for the non-employment:

Summarize special skills and qualifications acquired from employment or other experience:

Acknowledgement and Agreements

1. I certify that answers given in this application are true and complete to the best of my knowledge and understand that false or misleading information or omission of information given in my application or interview(s) may result in rejection of my application or, if hired, dismissal of my employment with Steppingstone School For Gifted Education.

Signature: _____

Date: _____

2. In consideration of my employment, I agree to the rules and regulations of Steppingstone School For Gifted Education. I understand that no officer or representative of the organization has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except Kiyo Morse, Head of School, Steppingstone School For Gifted Education, and any such agreement must be made in a signed writing directed to me personally.

I further acknowledge that no one has made any representations or statements contrary to the organization's policies to me, or about the organization's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

I further acknowledge that if I accept an offer of employment with Steppingstone School For Gifted Education, I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with Steppingstone School For Gifted Education.

Signature: _____

Date: _____

3. If employed, I understand that if I am or become handicapped in need of accommodation for employment, under Michigan law, I must notify Kiyo Morse, Head of School, in writing within 182 days after the need is known or reasonably should have been known to me.

Signature: _____

Date: _____

4. I authorize the employers listed in my employment application to provide you with any and all information concerning my previous employment and any pertinent information they may have (even if more than four years old). I hereby waive my right to written notice from any current or previous employers of such disclosure of information.

Signature: _____

Date: _____

5. I authorize Steppingstone School For Gifted Education to release any information (even if more than four years old) relating to my employment when such information is requested by any of my prospective or subsequent employers without any obligation (by them or you) to give me notice of such disclosure.

Signature: _____

Date: _____

6. I agree that any lawsuit against Steppingstone School For Gifted Education or any of its officers, directors, employees or agents arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within 365 days of the event giving rise to the claims or be forever barred. I understand that the limitation periods for these claims are generally longer and agree to waive those periods.

Signature: _____

Date: _____

7. **I have read, understand, and voluntarily agree to the terms in each of the above six (6) individual statements indicated above.**

Signature: _____

Date: _____

Directions: Please answer the following questions in paragraph form.

1. Describe your process for developing curriculum.

2. Classrooms frequently have a lot going on at one time. Describe your process for keeping yourself and your classroom organized.