

380 Lone Pine Road P.O. Box 801 Bloomfield Hills, Michigan 48303-0801 Phone: (248) 645-3161 • Fax (248) 645-3014

## FACULTY APPLICATION FORM



Applicant's Name

Date

Cranbrook Educational Community is an equal opportunity employer and strives to provide a work environment that welcomes diversity.

Visit us on our website at www.cranbrook.edu

PERSONAL INFORMAT	ION (Please Print)		
Last Name:	First Name:	Middle Name:	
Is any additional information rel	lative to a different name necessary to	to check work or other records? Yes	No 🔲 If yes, please explain:
Telephone Number:		E-mail Address:	
Present Address (include city, sta	ate, and zip code):		Length of time at this address:
Previous address if less than one	e (1) year at above address:		
Position applied for:		When can you start:	Salary desired:
How did you hear about the pos	sition?		
Have you previously applied for	r employment with Cranbrook? Yes	No If so, when?	
Are you 18 years of age or olde	er? Yes No		
	sition for which you are applying, plea		State of issuance:
		including, but not limited to, operating a	motor vehicle under the influence or while impaired)?
	, where and nature of offense:		
Are there any felony charges pe		If so, please explain:	
	professional conduct," which is defined g a minor; or commission of a crime i		ct; one or more acts ofimmorality, moral turpitude, or If so, please explain:
disclose a conviction will result in dis Job offers are contingent on satis background checks include fingerp concerns raised during this process	squalification from employment with Crant sfactory completion of background chec printing and the information provided on s could be cause for disqualification from	brook, or in dismissal from employment if an off cks and references. In accordance with law n your employment application (criminal histo	ving when considering candidates for hire. However, failure to fer of employment has been made and accepted. ws for Michigan schools and Cranbrook's hiring procedure, ry, education, unprofessional conduct) will be verified. Any so contingent upon verification of the appropriate identity and
Have you ever been dismissed f	from or asked to resign from any emp	oloyment position? Yes No If	yes, explain:
PERSONAL REFERENC	ES		
(Not Former Employers or R	elatives)		
	Name and Occupation		
	Address (Street)		Work Phone #
	Address (City, State, Zip)		Home Phone #
	Name and Occupation		
	Address (Street)		Work Phone #
	Address (City, State, Zip)		Home Phone #
	Name and Occupation		
	Address (Street)		Work Phone #
	Address (City, State, Zip)		Home Phone #

**RECORD OF EDUCATION** 

<ul> <li>(Include Current Course of Study or Training)</li> </ul>						
Name, City & State of Educational Instruction	Gr	aduated				
High School:		Yes No	Extracurricular Activities:			
GED Received:		Yes N o	Offices, Honors, Awards:			
Name, City & State			If No Degree.	Type of Degree Received-Expected	Major/Sem.Hours	Overall
of Educational Instruction	Gr	aduated	If No Degree, Credits Earned	Received-Expected	Minor/Sem.Hours	Grade Point
College or University:	Gr	Yes No	Credits Earned	Received-Expected	Minor/Sem.Hours	Grade Point
	Gr	Yes	Credits Earned	Received-Expected	Minor/Sem.Hours	Grade Point

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## MICHIGAN TEACHING CERTIFICATE(S) & ENDORSEMENTS CURRENTLY HELD

Date Issued	Date Expired
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(List below your present and past employ		,		<u> </u>	yer.)		
Name and Address of Employer and Type of Business	From Mo. Yr.		To Mo. Yr.		Last Salary	Name of Supervisor	
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pe of Business:	Describe	Describe the work you did:					
lephone:	Reason 1	Reason for Leaving:					
Name and Address of Employer and Type of Business	From Mo. Yr.		To Mo. Yr.		Last Salar y	Name of Supervisor	
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ddress:	1		I	II			
ype of Business:	Describe	Describe the work you did:					
elephone:	Reason 1	Reason for Leaving:					
Name and Address of Employer and Type of Business	From Mo. Yr.				Last Salar y	Name of Supervisor	
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ype of Business:	Describe	Describe the work you did:					
elephone:	Reason 1	Reason for Leaving:					
Name and Address of Employer and Type of Business	ess of Employer From f Business Mo. Yr.		To Mo. Yr. Last Salar y		Last Salar y	Name of Supervisor	
ame:							
ddress:	1		1				
vpe of Business:	Describe	Describe the work you did:					
lephone:	Reason	Reason for Leaving:					



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## PLEASE READ AND SIGN BELOW

I certify that the facts set forth in this App lication of Employment, in my resume and in the other materials I have submitted are true and complete. I understand that any false, misleading or incomplete information will result in disquali fication from employment with Cranbrook ("the Employer"), or in dismissal from employment if an offer of employment has been made and accepted.

I hereby authorize the Employer to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience.

I hereby authorize my current and former employers to disclose to the Employer all requested information, including but not limited to, any information concerning any unprofessional conduct by me, and to make available to the Employer copies of all documents maintained in my personnel record, including but not limited to, documents relating to any unprofessional conduct by me.

I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing in good faith, or using, information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions may result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, I agree and understand that, subject to any collective bargaining agreement applicable to me, my employment and compensation can be terminated with or without cause, with or without notice, at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will, and no representative of the Employer, other than the President or his/her designee, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President or his/her designee.

Subject to any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than one (1) year after the occurrence of the facts giving rise to the claim, or more than one (1) year after the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary. In the event that the statute of limitations applicable to such a claim is less than one (1) year, I agree that the shorter statute of limitations shall apply.

I hereby consent to having a physical examination and/or test(s) conducted by a physician or other professional of the Employer's choice, including but not limited to drug and/or alcohol testing, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations, as amended from time to time, of the Employer.

Signature