



### WORK EXPERIENCE

Employer	Dates Employed	Position	Reason for Leaving
1.			
2.			
3.			
4.			
5.			

### OTHER WORK EXPERIENCE AND/OR TRAINING

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Please return the completed application to:

Superintendent  
Covington Community Schools  
601 Market Street  
Covington, IN. 47932

Telephone: 765-793-4877  
Fax: 765-793-5209

*Covington Community Schools does not discriminate, deny benefits to, nor exclude anyone from participation on the basis of sex, race, national origin, religion, handicap, or color of skin.*

### OTHER QUESTIONS

- YES NO 1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?
- YES NO 2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
- YES NO 3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual conduct with another person, mishandling of funds, or criminal conduct?
- YES NO 4. Have you ever been charged with or investigated for physical sexual abuse of another person?
- YES NO 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 NO 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?
- YES NO 7. Have you ever had a license (teachers/drivers) revoked in this state or any other?

If you answered "yes" to any of the first questions, please explain on a separate paper including the date of the incident, charge, any court action taken, the offense in question, and the address of any court involved.

### AUTHORIZATION AND RELEASE

I authorize Covington Community Schools to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited 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 Covington Community Schools any information they may release concerning the matter described herein, and 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 relations that I might otherwise have against Covington Community Schools, 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.

I hereby acknowledge that each and every statement made in this application is true and complete to the best of my knowledge and belief; I further agree to contact the Covington Community Schools and correct any statement contained herein and discovered to be untrue or incomplete prior to my employment in said School Corporation. I understand that if employed, falsified statements may be considered sufficient cause for dismissal.

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Signature

\_\_\_\_\_  
Date