



Date of Application \_\_\_\_\_

**NON TEACHING EMPLOYMENT  
APPLICATION for  
DEKALB COUNTY EASTERN C.S.D.  
Superintendent's Office  
300 E. Washington St.  
Butler, IN 46721  
(260) 868-2125**

**Applicant**

Name \_\_\_\_\_

Current Address: Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Position Desired**

Position	Check Position(s) Desired	Date Available (m/d/yy)	Remarks (If selecting a substitute position, please indicate the position desired.)
Aide	<input type="checkbox"/>		
Bus Driver	<input type="checkbox"/>		
Cook	<input type="checkbox"/>		
Custodian	<input type="checkbox"/>		
Substitute	<input type="checkbox"/>		
Secretary	<input type="checkbox"/>		
Other	Please list in remarks.		

**Work History  
(Most Recent Four Employers)**

Employers	Telephone	Address of Employer			Dates	
(List most recent first.)		Street	City/State	Zip	From	To
	( ) -					
	( ) -					
	( ) -					
	( ) -					
	( ) -					

**Note: Please attach a copy of your resume if available.**

### Education

School Name (latest first)	Address	Telephone	From	To	Graduate (Y or N)	Remarks
		( ) -				
		( ) -				
		( ) -				
		( ) -				
		( ) -				
		( ) -				

### References

Reference (at least three)	Telephone	Address			
		Street	City	State	Zip
	( ) -				
	( ) -				
	( ) -				
	( ) -				

**Applicants are subject to background/criminal checks. Please complete the attached Adult Behavioral Expectations form and the Insert to the Employment Application.**

**Applicant, by signing below, certifies he or she can perform the duties of the position for which they applied.**

**Applicant's signature:** \_\_\_\_\_

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.*

**DeKalb County Eastern Community School District**  
**INSERT TO EMPLOYMENT APPLICATION**  
**Request for Background Information**

Dear Applicant:

Jobs with the DeKalb County Eastern Community School District involve contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants for employment are expected to supply this information; you are not being singled out for closer inspection. This insert is part of the application itself and any misrepresentation or omission of facts may be grounds for disqualification from further consideration or for termination from employment regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative answer provided by you on this insert is not an automatic bar to employment. The school district will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct, and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

1. **If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer?** Yes ☐ No ☐

If yes, explain the circumstances on a separate sheet and attach it to this application.

2. **Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated?** Yes ☐ No ☐

If yes, explain the circumstances on a separate sheet and attach it to this application.

3. **Have you ever been investigated for, charged with or pleaded guilty or "no contest" to any crime involving sexual abuse of any person or indecency with a minor?** Yes ☐ No ☐

If yes, explain the circumstances on a separate sheet and attach it to this application.

4. **Have you ever been charged with a crime listed in number 3 (above) where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program?** Yes ☐ No ☐

If yes, explain the circumstances on a separate sheet and attach it to this application.

5. **Have you ever been convicted of a crime other than a minor traffic offense or has any Court ever deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program for any such crime?** Yes ☐ No ☐

If yes, explain the circumstances on a separate sheet and attach it to this application.

**AUTHORIZATION AND RELEASE**

I authorize the school district 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 employees or local, state, or federal agencies to provide the school district any information they may release concerning the matter described herein, and I 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 THE SCHOOL DISTRICT, ITS OFFICIALS, EMPLOYEES, TRUSTEES, OR AGENTS, OR AGAINST ANY PROVIDER OF SUCH INFORMATION. I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE TERMS SET OUT HEREIN.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Your Name \_\_\_\_\_ Social Sec. # \_ \_ - \_ - \_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth (Only for Purposed of Requesting Criminal History Information) \_\_\_\_\_

## DeKalb County Eastern Community School District

### Adult Behavioral Expectations for Faculty, Staff, and Volunteers Who Work with Students on a \*Regular Basis

Because of concerns for the safety of our students, we have increased our security measures. In an effort to ensure that individuals who work with our students are indeed suitable for such contact, we ask you to complete this form. (Volunteers and non – DeKalb County Eastern Community School District employees please complete both sides when in a supervisory or unobserved position.)

These Adult Behavioral Expectations give faculty, staff, and volunteers the opportunity to reaffirm their commitment and dedication to the well-being of young people. When all faculty, staff, and volunteers sign a copy of this document, individuals are making a collective statement that youth are being treated with respect, dignity, and attention to individual needs.

#### In my role as a faculty member, staff member, or volunteer, I:

- Accept my responsibility to represent DeKalb County Eastern Community School District with dignity and pride by being a positive role model for youth.
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Respect, adhere, and enforce the rules, policies, and guidelines established by the DeKalb County Eastern Community School District, including all laws related to child abuse and substance abuse.
- Under no circumstances allow or consume alcohol or illegal drugs at school events or activities. I understand that use of, or being under the influence of, alcohol or illegal drugs while in the presence of students and at a school program or activity may result in my termination.
- Recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts may be grounds for termination as a faculty member, staff member, or volunteer.
- Respect confidentiality in regard to sensitive issues concerning the students and/or the school.

By signing below, I acknowledge that I have read and agree to abide by the behavioral expectations in this document.

A signed copy of the Adult Behavioral Expectations will be kept in the school and/or administration office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
School Site/Location

\_\_\_\_\_  
Position/Assignment

\* "Regular Basis" is defined as an assignment which puts the individual in contact on an ongoing, recurring basis. Examples include coaching, club sponsorships, and volunteering in classrooms on a consistent basis.

**DeKalb Eastern CSD  
CONSENT TO PERFORM INVESTIGATIVE REPORT  
IN COMPLIANCE WITH THE FCRA**

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

*Address	Apartment or #
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City	County	State	Zip
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**Date of Birth	Social Security #	**Gender	**Race
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\*AS SHOWN ON THE ORIGINAL APPLICATION

\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references: personal interviews: and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the FCRA, I am entitled to know if employment is denied because of information obtained from a reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the FCRA, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). Yes ☐ No ☐  
If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense (m/d/yy): \_\_\_\_\_

Details of conviction: \_\_\_\_\_

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2. Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense? Yes ☐ No ☐  
If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense (m/d/yy): \_\_\_\_\_

Details of offense: \_\_\_\_\_

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3. Have you ever-received probation or community supervision for any federal, state or municipal offense?

Yes ☐ No ☐

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense (m/d/yy): \_\_\_\_\_

Details of supervision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes ☐ No ☐

If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense (m/d/yy): \_\_\_\_\_

Details of conviction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. As of the date of this consent form, do you have any pending charges against you? Yes ☐ No ☐

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest (m/d/yy): \_\_\_\_\_

Details of pending charges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN

COUNTY

STATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR TERMINATING EMPLOYMENT OR CANCELING ANY OFFER OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

Revised 3/20/2023