

INDEPENDENT SCHOOL DISTRICT NO. 2609 APPLICATION FOR EMPLOYMENT

23130 345th Street SE, Erskine, MN 56535; Web Site: www.win-e-mac.k12.mn.us;
Phone: 218-563-2900; Fax: 218-563-2902

ISD #2609 is an *Equal Opportunity Employer*

ISD #2609 does not discriminate on the basis of race, color, national origin, gender, age or disability in admission, access to, or treatment or employment in its programs and activities.

Address: _____ Home Phone: _____
 Street City State Zip

Email Address: _____ Alternate Phone: _____

I. PERSONAL DATA

Name: _____ Date: _____
 Last First Middle

Under what name previous employment / educational records may be found? _____

Are you either a U.S. Citizen or legally eligible to hold employment in the United States? _____

Do you have any special needs which may necessitate accommodations in the application/interview process? _____

If yes, please describe the type of accommodation requested? _____

II. POSITION DESIRED

Title of position you are applying for: _____ Salary Requirement: \$ _____ (Annual)

Date available to begin employment: _____

PERSONAL STATEMENT: Please indicate why you are interested in the position and what you hope to accomplish if selected:

III. REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The School District reserves the right to contact all previous employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____ Phone Number: _____

Address: _____ Title: _____

Name of Reference: _____ Phone Number: _____

Address: _____ Title: _____

Name of Reference: _____ Phone Number: _____

Address: _____ Title: _____

IV. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School: _____ **Dates Attended:** _____

Address of School: _____ Major/Minor: _____

Degree/Diploma received: _____

Name of School: _____ **Dates Attended:** _____

Address of School: _____ Major/Minor: _____

Degree/Diploma received: _____

Name of School: _____ **Dates Attended:** _____

Address of School: _____ Major/Minor: _____

Degree/Diploma received: _____

List post-secondary activities, and any honors received before and after graduation: _____

Special subjects qualified in: _____

Special areas you are qualified to coach/advisor: _____

List/describe any licensure / certificate / training and/or experience relevant to the position for which you are applying:

All applicable licenses or certification must be received in the Personnel Office prior to employment commencing. Note: If hired, it is your responsibility to keep a current license on file at all times. Failure to do so may result in immediate discharge from employment.

For Teaching Applicants Only:

Have you ever had a license to teach suspended, revoked or has any other action been taken with respect to your teaching license, either in Minnesota or any other state? Yes _____ No _____

If yes, please explain: _____

Do you have any experience in the following: (Please underline)

- | | | |
|---------------------|------------------------------------|------------------|
| Team Teaching | Departmentalized Elementary School | Block Scheduling |
| Multi-Age Classroom | Looping Classroom | 6 Traits Writing |
| MIC | Investigations | |

V. WORK/VOLUNTEER EXPERIENCE

List work and volunteer experience most recent first. (If necessary, add additional paper)

Employer Name: _____

Phone: _____

Employer Address: _____

Dates of Employment: _____

Reason for Leaving: _____

Job Title: _____

Employer Name: _____

Phone: _____

Employer Address: _____

Dates of Employment: _____

Reason for Leaving: _____

Job Title: _____

Employer Name: _____

Phone: _____

Employer Address: _____

Dates of Employment: _____

Reason for Leaving: _____

Job Title: _____

VI. UNEXCUSED ABSENCES FROM WORK

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury or you or your immediate family? _____

Prior Employment:

Have you ever been discharged, forced to resign from employment or resign as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were the claimant/plaintiff? _____

If yes, identify the employer and describe the circumstances: _____

VII. CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted [or charged] with a misdemeanor or felony? Yes _____ No _____

If yes, please explain the nature of the charge and the circumstances: _____

Give the date, city, state and county where convicted: _____

The School District shall conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the School District, and formal approval by the appointing authority.

Legal Name: _____

Previous Name (if applicable): _____

VIII. VETERAN STATUS (non-teaching positions only)

Are you an honorable discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes _____ No _____

Do you wish to claim Veterans' Preference Points? Yes _____ No _____

If you are a disabled veteran and wish to claim additional points, please check here. _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

IX. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the School District to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance, disability, sexual orientation or age.

X. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the School District in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the School District being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the School District may be unable to provide the necessary accommodations if you do not provide the information in Section I. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the School District without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

XI. CERTIFICATION, ACKNOWLEDGEMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the School District.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the School Board or the appointing authority referenced in the job description and that until such approval that the School District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the School District and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the School District will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release the School District and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said School District, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature: _____
(Do not print)

Date: _____