

APPLICATION FORM - CERTIFIED PERSONNEL



WARROAD PUBLIC SCHOOLS
 PERSONNEL OFFICE
 510 CEDAR AVE
 WARROAD MINNESOTA, 56763
 218-386-6099
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All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, status with regard to public assistance, sexual orientation, or any other status protected by law.

APPLICATION FORM - CERTIFIED PERSONNEL

POSITION FOR WHICH YOU ARE APPLYING: _____

DATE OF APPLICATION: _____ WHERE DID YOU SEE POSTING: _____

Each time you apply for a position you must send a new letter of application. Applications are kept on file for a period of twelve months. You may use your resume to supplement this summary, however, please complete the entire application.

Have you ever been employed with us before? Yes No

If yes, give dates and position: From _____ to _____ Position: _____

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 NUMBER STREET

_____ CITY STATE ZIP PHONE NUMBER

Veteran Status (Check where applicable.) Information in this section is voluntary and will be used solely for determining a job applicant's veteran's preference points. If you are a veteran and wish to claim a veteran's preference; you must attach a legible copy of your DD214.

- Veteran
- Disabled Veteran
- Surviving Spouse of a Veteran
- Souse of a disabled Veteran who, because of his/her disability, is unable to qualify for the position.
- None of the above

Do you have military experiences pertinent to the position for which you are applying? If so, please describe:

Are you a U.S. citizen? Yes No If no, do you have a work permit? Yes No
PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.

List any additional experiences, certifications, talents, or skills you possess which would be applicable to the position for which you are applying: _____

| 1. EDUCATION | | | | | |
|--------------|-------------------|----------------------|---------|--------|--------|
| ATTENDED | NAME AND LOCATION | # OF YEARS COMPLETED | DEGREES | MAJORS | MINORS |
| HIGH SCHOOL | | | | | |
| COLLEGE(S) | | | | | |
| COLLEGE(S) | | | | | |
| OTHER | | | | | |

| 2. EMPLOYMENT | | |
|--|---------------------|---------------------|
| PLEASE GIVE ACCURATE COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER. | | |
| EMPLOYER 1 | # OF YEARS EMPLOYED | TYPE OF EXPERIENCE |
| NAME: | | |
| ADDRESS: | | |
| SUPERVISOR: | FULL-TIME: _____ | REASON FOR LEAVING: |
| SUPERVISOR PHONE #: | PART-TIME: _____ | |
| | HOURS: _____ | |
| EMPLOYER 2 | # OF YEARS EMPLOYED | TYPE OF EXPERIENCE |
| NAME: | | |
| ADDRESS: | | |
| SUPERVISOR: | FULL-TIME: _____ | REASON FOR LEAVING: |
| SUPERVISOR PHONE #: | PART-TIME: _____ | |
| | HOURS: _____ | |
| EMPLOYER 3 | # OF YEARS EMPLOYED | TYPE OF EXPERIENCE |
| NAME: | | |
| ADDRESS: | | |
| SUPERVISOR: | FULL-TIME: _____ | REASON FOR LEAVING: |
| SUPERVISOR PHONE #: | PART-TIME: _____ | |
| | HOURS: _____ | |

List any hobbies, special interests, etc: _____

3. PERSONAL REFERENCES
 (EXCLUDING FORMER EMPLOYERS OR RELATIVES)

1. _____

2. _____

3. _____

4. PLEASE ANSWER THESE QUESTIONS IN TERMS OF WHAT IS RIGHT FOR YOU

1. What is your philosophy of teaching and learning? _____

2. What can your principal do to help you best meet the needs of your learners? _____

| NAME AND OCCUPATION | ADDRESS | PHONE NUMBER |
|---------------------|---------|--------------|
|---------------------|---------|--------------|

3. Please describe a difficult situation you have been in and how you handle the situation and yourself while dealing with the situation.

4. Why do you want to work for Warroad Public Schools? _____

STATEMENT AND SIGNATURE

THE STATEMENTS MADE AND INFORMATION GIVEN IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THEY ARE SUBJECT TO VERIFICATION BY THE WARROAD PUBLIC SCHOOLS AND HEREBY GIVE PERMISSION FOR SUCH VERIFICATION. I FURTHER UNDERSTAND THAT IF I HAVE MADE ANY FALSE OR MISLEADING REPRESENTATION IN THIS APPLICATION, I WILL NOT BE HIRED. IF ANY FALSE OR MISLEADING OR REPRESENTATIONS ARE DISCOVERED AFTER I HAVE BEEN HIRED, I UNDERSTAND MY EMPLOYMENT MAY BE TERMINATED.

SIGNATURE OF APPLICANT

DATE SUBMITTED

5. DATA PRIVACY NOTICE

The information requested on this application may be used for the School District in determining suitability for employment for the position that 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 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 requested information. 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 requested by state or federal law.

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

___ Yes ___ No

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

6. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No

If so, describe the circumstances: _____

List all other names under which you have been employed or under which your educational records may be found.

7. CERTIFICATION, ACKNOWLEDGEMENT AND RELEASE

In connection with this application I hereby authorize any and all former employers and references named in this application, or any agent of such a former employer, to release to Independent School District No. 690 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 Independent School District No. 690 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 Independent School District No. 690 and all former employers and references listed herein and any and all

agents acting on behalf of said District, former employers or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Name: _____

Signature: _____

Date: _____