

## APPLICATION FORM - NON-CERTIFIED PERSONNEL



WARROAD PUBLIC SCHOOLS  
DISTRICT OFFICE  
510 CEDAR AVENUE NW  
WARROAD, MINNESOTA 56763  
(218) 386-6099  
[trish\\_gausen@warroad.k12.mn.us](mailto:trish_gausen@warroad.k12.mn.us)

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.

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 held: \_\_\_\_\_

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
- Spouse 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 special skills you possess which would be applicable to the position for which you are applying:

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

Transcripts will be required upon employment.

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

### 3. PERSONAL REFERENCES (Excluding former employers or relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Position desired (Please check all that apply):**

\_\_\_\_\_ Paraprofessional Aide K-12 - Classroom

\_\_\_\_\_ Maintenance/Custodian

\_\_\_\_\_ Paraprofessional Aide K-12 - Bus

\_\_\_\_\_ Transportation/Bus driver

\_\_\_\_\_ Secretarial/Clerical

\_\_\_\_\_ Food Service

Do you prefer full time, part time, or substitute employment? \_\_\_\_\_

**FOLLOWING ARE QUESTIONS THAT PERTAIN TO SPECIFIC AREAS OF EMPLOYMENT. PLEASE COMPLETE ONLY THE SECTIONS THAT APPLY TO YOUR APPLICATION; THEN CONTINUE WITH SECTION #10.**

**4. FOOD SERVICE**

**Please indicate experience in the following:**

- Preparation of food \_\_\_\_\_
- Use of commercial equipment \_\_\_\_\_
- Serving food to a large group \_\_\_\_\_
- Cleaning of food preparation area \_\_\_\_\_

Do you have Safe Serve Training? \_\_\_\_\_ Yes \_\_\_\_\_ No

**5. SECRETARIAL**

**Years of experience:**

\_\_\_\_\_ General Secretarial \_\_\_\_\_ Receptionist \_\_\_\_\_ Bookkeeping \_\_\_\_\_ Word Processing

Indicate office equipment/software programs you have experience with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. PARAPROFESSIONAL AIDE**

TYPE OF EXPERIENCE	LOCATION	DATES

Have you had any experience with working with children with special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have any computer knowledge and/or experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Typing skills? \_\_\_\_ Yes \_\_\_\_ No

Do you have current: **First Aid Certificate:** \_\_\_\_ Yes \_\_\_\_ No    **CPR:** \_\_\_\_ Yes \_\_\_\_ No

**WSI** \_\_\_\_ Yes \_\_\_\_ No

If applying for a Paraprofessional position, have you taken the Paraprofessional Certification test?

If yes, date certified: \_\_\_\_\_

\*Certificate will be required upon employment.

### 7. CUSTODIAL

Please check if you have had experience in any of the following areas in a setting other than your home:

\_\_\_\_ Sweep \_\_\_\_ Vacuum \_\_\_\_ Dust-Polish \_\_\_\_ Wet-Wash \_\_\_\_ Mop

\_\_\_\_ Collect/Store/Dispose Refuse \_\_\_\_ Ensure Building Safety

\_\_\_\_ Other, explain: \_\_\_\_\_

### 8. MAINTENANCE

Do you have a low pressure boilers license: \_\_\_\_ Yes \_\_\_\_ No

If yes, what level of boiler's license do you have? \_\_\_\_\_

Please check if you have had any experience in the following:

#### Floor Maintenance Equipment:

\_\_\_\_ Scrubbers \_\_\_\_ Buffers \_\_\_\_ Wet/Dry Vacuum

#### Ground Care:

\_\_\_\_ Heavy Equipment \_\_\_\_ Front End Loaders \_\_\_\_ Dump Trucks \_\_\_\_ Riding Lawn Mowers

\_\_\_\_ Push Mowers \_\_\_\_ Tractors \_\_\_\_ Snow Blowers \_\_\_\_ Tree/Shrubbery Trimming \_\_\_\_ Fertilizers

#### Carpentry:

\_\_\_\_ Table Saws \_\_\_\_ Electric Saws \_\_\_\_ Electric Miter Saws

\_\_\_\_ Other, explain: \_\_\_\_\_

#### Electrical Experience:

Have you ever: \_\_\_\_ Done your own wiring \_\_\_\_ Replace Ballast \_\_\_\_ Replaced Fuse-Stat \_\_\_\_ Replaced Fuse

\_\_\_\_ Wired an Outlet

\_\_\_\_ Other, explain: \_\_\_\_\_

Are you familiar with: \_\_\_\_ Steam and its Application \_\_\_\_ Electrical Heat and its Application

\_\_\_\_ Water heat and its application

\_\_\_\_ Other Related Experience: \_\_\_\_\_

### 9. BUS DRIVER

DRIVERS LICENSES			
STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

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<b>DRIVING EXPERIENCE</b>		
<b>CLASS OF EQUIPMENT</b>	<b>DATES OF OPERATION</b>	<b>APPROXIMATE MILES OF OPERATION</b>
BUS		
VAN		
VAN-TRAILER		
OTHER		

<b>ACCIDENT RECORD</b>			
<b>Accident Record for past three (3) years: (attach sheet if more space is needed):</b>			
<b>DATE OF ACCIDENT</b>	<b>NATURE OF ACCIDENT</b>	<b>NO. OF INJURIES</b>	<b>NO. OF FATALITIES</b>

<b>TRAFFIC CONVICTIONS AND/OR FORFEITURES:</b>			
<b>(For past 3 years - other than parking violations)</b>			
<b>LOCATION (CITY,STATE)</b>	<b>DATE</b>	<b>CHARGE</b>	<b>PENALTY</b>

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_ Yes \_\_\_\_ No

Has any license, permit, or privilege ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

**10. PLEASE ANSWER THESE QUESTIONS IN TERMS OF WHAT IS RIGHT FOR YOU:**

1. Please describe a difficult situation you have been in and how you handled the situation and yourself. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. What can your supervisor do to help you do a better job?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Why do you want to work for the 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 GIVEN 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 REPRESENTATIONS ARE DISCOVERED AFTER I HAVE BEEN HIRED, I UNDERSTAND MY EMPLOYMENT MAY BE TERMINATED.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE SUBMITTED

**11. 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 requestd: \_\_\_\_\_  
 \_\_\_\_\_

**12. PRIOR EMPLOYMENT**

Have you ever been discharged or force to resign from prior employment? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe the circumstances:

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe the circumstances:

\_\_\_\_\_

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

\_\_\_\_\_

**13. CERTIFICATION, ACKNOWLEDGMENT, AND RELEASE**

In connection with this application I hereby authorize any and all former employees 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 and references, for any and all liability of whatever nature by reason of requesting or providing such information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_