

Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Social Security Number _____
Area Code

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status
may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? No Yes

(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

DETACH HERE

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

| | | | | | |
|--------------------|------------|------------------|--------------------|-------|----------------|
| 1 | Employer | Telephone () | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Job Title | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Supervisor | | | | |
| Reason for Leaving | | | | | |
| 2 | Employer | Telephone () | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Job Title | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Supervisor | | | | |
| Reason for Leaving | | | | | |
| 3 | Employer | Telephone () | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Job Title | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Supervisor | | | | |
| Reason for Leaving | | | | | |
| 4 | Employer | Telephone () | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Job Title | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Supervisor | | | | |
| Reason for Leaving | | | | | |

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Education

| | Elementary | High | College/University | Graduate/ Professional |
|--|------------|------------|--------------------|---------------------------|
| School Name | | | | |
| Years Completed: (Circle) | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | | | |
| Describe Course Of Study: | | | | |
| Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities | | | | |

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment and Applicant Data Record is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the inclusion in said form of any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

LYND PUBLIC SCHOOL
INDEPENDENT DISTRICT NO. 415 LYON COUNTY
106 ST. ALBAN STREET, P.O. BOX 68
LYND, MN 56157
TELEPHONE: 507-865-4404
FAX: 507-865-4621



Bruce Houck

Superintendent

Date: _____

The following named individual has made application with this School district for employment:

FULL NAME OF APPLICANT _____
Last First MI

MAIDEN, PREVIOUS, ALIAS: _____

DATE OF BIRTH: _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to INDEPENDENT SCHOOL DISTRICT 415, pursuant to Minnesota Statute 123.B.01, for the purpose of employment as _____ with this school district.

I understand that my employment with Independent School District 415 is conditional pending completion and payment of the background check. I further understand that I may be terminated based upon the results of the background check.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER
SMALL TOWN SCHOOL BIG TIME RESULTS