

APPLICATION FOR EMPLOYMENT



Lynd Public School

106 St. Albans St.

Lynd, MN 56157

Phone: (507)-865-4404 Fax: (507)-865-4621

I. EQUAL EMPLOYMENT OPPORTUNITY

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

II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the Lynd Public School 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 Lynd Public School being unable or unwilling to offer employment to you. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside the Lynd Public School without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. POSITION DESIRED

Title of position for which you are applying: _____

Date available to begin employment: _____

IV. PERSONAL DATA (_____) _____

Phone

Cell

Last

First

Middle

Street

City

State

Zip

Are you either a U.S. Citizen or legally eligible to hold employment in the United States? Yes No

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

V. WORK/VOLUNTEER EXPERIENCE

1. Current or Most Recent Position Held:

Employer Name/Address: _____

Was your Position: Full Time ____ Part Time ____ Sub ____ May we contact this employer? Yes ____ No ____

Supervisor Name/Phone Number/e-mail: _____

Your Job Title: _____ Salary: \$ _____

Job Duties: _____

Dates of Employment: From ____/____/____ To ____/____/____

Reason for Leaving: _____

2. Previous Position Held:

Employer Name/Address: _____

Was your Position: Full Time ____ Part Time ____ Sub ____

Supervisor Name/Phone Number/e-mail: _____

Your Job Title: _____ Salary: \$ _____

Job Duties: _____

Dates of Employment: From ____/____/____ To ____/____/____

Reason for Leaving: _____

3. Previous Position Held:

Employer Name/Address: _____

Was your Position: Full Time ____ Part Time ____ Sub ____

Supervisor Name/Phone Number/e-mail: _____

Your Job Title: _____ Salary: \$ _____

Job Duties: _____

Dates of Employment: From ____/____/____ To ____/____/____

Reason for Leaving: _____

VI. LICENSURE

List current licenses, registration or certification relevant to the position for which you are applying.

License/No.	Issued By:	Date	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

All applicable licenses or certification must be received in the Human Resources 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.

Have you ever had your license suspended, revoked or has any other action been taken with respect to your license as a result of sexual misconduct with students or for other reasons, either in Minnesota or any other state? Yes No

If yes, please explain the circumstances: (Failure to disclose this information will be grounds for dismissal)

VII. PRIOR EMPLOYMENT

Have you ever been discharged, forced to resign from employment or resigned 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? Yes No

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

VIII. CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted and/or pleaded guilty to a misdemeanor or felony? Yes No If yes, please identify the

specific crime, the sentence you received, and a description of the circumstances: _____

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

_____ Date _____ City _____ State _____ County

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 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

Date

IX. EDUCATION

HIGH SCHOOL: (Include high school and/or institution issuing GED, and any additional education/courses taken.)

Name of School: _____ Number of years completed _____

Address of School: _____ Diploma Received Yes No

COLLEGE/UNIVERSITY/TECHNICAL SCHOOLS ATTENDED:

1. Name/Address of School: _____

Attended From: _____ To: _____ Degree/Diploma Received: _____ Date: _____

Major: _____ Number of Semester Hours: _____

Minor: _____ Number of Semester Hours: _____

2. Name/Address of School: _____

Attended From: _____ To: _____ Degree/Diploma Received: _____ Date: _____

Major: _____ Number of Semester Hours: _____

Minor: _____ Number of Semester Hours: _____

3. Name/Address of School: _____

Attended From: _____ To: _____ Degree/Diploma Received: _____ Date: _____

Major: _____ Number of Semester Hours: _____

Minor: _____ Number of Semester Hours: _____

4. Name/Address of School: _____

Attended From: _____ To: _____ Degree/Diploma Received: _____ Date: _____

Major: _____ Number of Semester Hours: _____

Minor: _____ Number of Semester Hours: _____

5. Name/Address of School: _____

Attended From: _____ To: _____ Degree/Diploma Received: _____ Date: _____

Major: _____ Number of Semester Hours: _____

Minor: _____ Number of Semester Hours: _____

Highest Degree Attained: ☐ None ☐ Associates ☐ Technical Certificate ☐ BA/BS/etc. ☐ MA/MS/etc.
☐ Ed. Specialist/6th yr/etc. ☐ Ed. D/Ph.D/etc.

Graduate hours beyond your highest degree: _____

Graduate program area of study: _____

GPA (On a Scale of 4.0) Undergraduate: Overall _____ Major _____

Graduate: Overall: _____ Major: _____

IX. EDUCATION (Continued)

List honors, awards or distinctions you have earned:

Special subjects qualified in: _____

Are you qualified to coach/direct any of the following? (Circle) Drama, Basketball, Softball, Volleyball, Soccer, Playground Activities.

X. REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors or head of departments under whom you have worked. The Lynd Public School reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____ Are you related to this person? Yes No

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____ Are you related to this person? Yes No

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____ Are you related to this person? Yes No

Address: _____

Phone Number: _____ Title: _____

Please explain how your past personal and professional experiences make you a quality candidate for this position:

XI. VETERAN STATUS

Are you an honorably 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 Veteran's Preference Points? Yes No

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

Proof of eligibility to claim Veterans Preference Points is required. Please transmit a copy of your DD214 form within five business days of submitting your application.

XII. UNEXCUSED ABSENCE 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 of you or your immediate family? _____

XIII. 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 Lynd Public School.

I **understand, acknowledge and agree** that no offer of employment will be final or binding until it has been approved by the Lynd Board of Education (except in cases of substitutes). I understand that until such approval has been given by the Lynd Board of Education, the School District will not be liable for any reliance I may have 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 volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the Lynd Public School 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 Lynd Public School 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 Lynd Public School and all of my former employers, volunteer organizations, and references listed herein and any and all agents acting on their behalf for any and all liability of whatever nature by reason of requesting or providing such information.

Date: _____

Printed/Typed Name: _____

Signature: _____
(Do not print)