



APPLICATION FORM - COACHES

WARROAD PUBLIC SCHOOLS
DISTRICT OFFICE
510 CEDAR AVENUE NW
WARROAD, MINNESOTA 56763
(218) 386-6099

trish_gausen@warroadschools.org

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 2 years. 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

If applying for a Head Coaches position, please check the appropriate box that insures your MSHSL Approval.

- ☐ BS Degree and Coaching Minor
- ☐ ASEP Clock Hours Certification
- ☐ MNHCC Clock Hours Certification
- ☐ BS Degree and College Credits (Theory and First Aid)

Veterans Preference

Providing Veterans Preference Information is optional.

You may be required to provide proof of the Veterans Preference you claim before you are hired.

General: To qualify for Veterans Preference, you must meet all of the following:

- 1) Have separated under honorable conditions from any branch of the armed forces of the United States.
- 2) Have served on active duty for 181 consecutive days or more OR for the full period ordered to active duty OR have separated by reason of disability incurred while serving on active duty.
- 3) Be a United States Citizen OR resident alien.

If you meet all of the above, check the appropriate box(es) below:

- ☐ I am a non-disabled veteran.

- ☐ I wish to claim credit for being a disabled veteran with a currently existing, compensable, service-connected disability as judged by the U.S. Veterans Administration or by the Retirement Board of the Branches of the Armed Forces.
- ☐ I am the widow/widower (not remarried of a deceased veteran).
- ☐ I am the spouse of a veteran wishing to claim credit for being disabled who is unable to qualify because of the disability.

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:

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: _____	REASON FOR LEAVING:

SUPERVISOR PHONE #:	PART-TIME: _____ HOURS: _____	
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3. PERSONAL REFERENCES

(Excluding former employers or relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1. _____		
2. _____		
3. _____		

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
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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 requested: _____

12. PRIOR EMPLOYMENT

Have you ever been discharged or forced 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: _____