Application for Employment Floodwood School 115 W 4th Avenue, PO Box 287 Floodwood, MN 55736 Phone 218-476-2285 Fax 218-476-2813 www.isd698.org

The Floodwood School District #698 does not discriminate based on sex, disability, race, color and national origin.

Last Name:	First Name:		MI:
Current Addr	ess:		
Phone:	Cell Phone:	Email:	
Position Appl	ying for:	Full Time:	_ Part time:
	Educational Hist	tory	Year of
	Name of Educational Institution	Location	Graduation
High School:			
Bachelor's:			
Bachelor's:			
Master's:			
E.D or 6 th yr:			
Please list the	Co-Curricula ose activities in which you have participated.	r	
High School:			
College:			

Employment History

List below, beginning with the most recent, current and past employment (include last 7 years only.)

Name & Address of employer:	Position held:	Exit date:	Reason for leaving:

Personal References

List below past or current supervisors who are qualified to speak to the qualifications for the position you seek. Definitely include most recent supervisors.

Name:	Position:	Address and Phone Number:
	Military Service Record	
Were you in the U.S. Armed Forces?	If yes, what bran	nch?
Dates of Service:		
If you are a veteran or the spouse of a de	eceased or disabled veteran and	l wish to claim veteran's preference, you

must present a legible copy of your DD214 to the Personnel Director of the Floodwood School District 698. If your claim is approved, five or ten points will be added to your final passing score.

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

Applicant's signature:	Date:
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This application will be kept on file at Floodwood School District for no longer than 12 months.

Personal Statement

Use this space to your advantage to convince us that you are well-matched to the position. For example, explain any additional experience, talents, skills, or training/education that you possess which would be applicable to the position for which you are applying.

FLOODWOOD SCHOOL 115 4th AVENUE FLOODWOOD, MN 55736

CONSENT FOR RELEASE OF EMPLOYMENT AND APPLICANT RECORDS AND RELEASE OF LIABILITY

I certify that the answers I have given on the 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 of employment, and constitutes grounds for my immediate dismissal should I be employed by the district.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the school board or the appointing authority referenced in the job description and that until such approval that the district shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all former employers, organizations where I have volunteered ("volunteer organization") and references named in this application, or any agent of such former employer or volunteer organizations, to release to Floodwood 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 Floodwood School ISD # 698 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 Floodwood School ISD # 698 and all former employers, volunteer organizations or references listed on the application or during the interview process and any and all agents acting on behalf of said District, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

(Signature of Applicant)(Do not print)

(Date of Applicant's Signature)

Printed Name of Applicant:_____