

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

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

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: _____ 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):

- | | |
|---|--|
| <input type="checkbox"/> Paraprofessional Aide K-12 - Classroom | <input type="checkbox"/> Maintenance/Custodian |
| <input type="checkbox"/> Paraprofessional Aide K-12 - Bus | <input type="checkbox"/> Transportation/Bus driver |
| <input type="checkbox"/> Secretarial/Clerical | <input type="checkbox"/> 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

DRIVING EXPERIENCE		
CLASS OF EQUIPMENT	DATES OF OPERATION	APPROXIMATE MILES OF OPERATION
BUS		
VAN		
VAN-TRAILER		
OTHER		

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

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

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 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: _____