



APPLICATION FORM - 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

Are you legally eligible to be employed in the United States? ___ Yes ___ No If no, do you have a work permit? ___ Yes ___ No

Proof of identity and eligibility may be required upon employment.

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degrees Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying?

___ Yes ___ No

If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT

Start with your current or most recent position.

Name of Employer

Phone Number

Full Address (Including Street, City, State & Zip)

Supervisor's Name/Title

Dates Employed

From Month/Day/Year

To Month/Day/Year

Describe the Work Performed

Name of Employer

Phone Number

Full Address (Including Street, City, State & Zip)

Supervisor's Name/Title

Dates Employed

From Month/Day/Year

To Month/Day/Year

Describe the Work Performed

Name of Employer

Phone Number

Full Address (Including Street, City, State & Zip)

Supervisor's Name/Title

Dates Employed

From Month/Day/Year

To Month/Day/Year

Describe the Work Performed

Use an additional sheet of paper if more space is necessary.

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 had a teaching certificate or license revoked for cause? ___ 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.

PERSONAL REFERENCES

Give three references (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number

Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number

Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone 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.

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

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:

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: _____