

APPLICATION FOR SCHOOL DISTRICT EMPLOYMENT
Hills-Beaver Creek School District No. 671
Equal Opportunity Employer

Position for which you are applying:			
Name:		Date:	
Address:			
City, State, & ZIP:	Home Phone:		Work Phone:
E-Mail Address (If available):			
Do you hold a license or certificate related to the job?	<i>If yes, please list:</i> I have a Minnesota teaching license for K-6 with 5-8 Science and Social Studies		

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you have the legal right to work in the United States? Yes No (Please check appropriate box.)
2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? Yes No (Please check appropriate box.)
3. Have you ever served in the Armed Forces? No If so, list the branch served and the type of discharge.

Branch served:
Type of Discharge:

4. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes No (Please check appropriate box.) If yes, please explain. Include date of discharge or resignation and reason for discharge or resignation:

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5. I hereby certify that (check the applicable box and provide the information requested):

- I have not pleaded guilty to or been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence. (Minor traffic offenses need not be reported)
- I have pleaded guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment.)

EDUCATION & TRAINING: Please list college or vocation programs that you have completed. If the space provided is inadequate, attach additional information to this application:

Post High School Institution:
Degree or Training:
Dates of Attendance:
Post High School Institution:
Degree or Training:
Dates of Attendance:
Post High School Institution:
Degree or Training:
Dates of Attendance:

APPLICATION INFORMATION FOR DISTRICT VACANCY

HILLS-BEAVER CREEK PUBLIC SCHOOLS

Equal Opportunity Employer

EMPLOYMENT RECORD: List your employment, with your most recent employment first. Describe your employment history, accounting for your last two but no more than four positions. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

Most recent Employer					
Position:	Long-term and shot term substitute	No. Yrs In Position:	Dates:		
Address:					
Contact Person:		Title:		Telephone:	
Highest Salary:		Reasons for Leaving:			

Next Employer:					
Position:		No. Yrs In Position:	Dates:		
Address:					
Contact Person:		Title:		Telephone:	
Highest Salary:		Reasons for Leaving:			

Next Employer:					
Position:		No. Yrs In Position:	Dates:		
Address:					
Contact Person:		Title:		Telephone:	
Highest Salary:		Reasons for Leaving:			

APPLICATION INFORMATION FOR DISTRICT VACANCY

HILLS-BEAVER CREEK PUBLIC SCHOOLS

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Next Employer:					
Position:		No. Yrs In Position:	Dates:		
Address:					
Contact Person:		Title:		Telephone:	
Highest Salary:					

REFERENCES: Please list current information for references below. Individuals listed should be other than those who have submitted written letters of reference.

Name	Title	Address	Phone (home and work)
1.			
2.			
3.			

AUTHORIZATION TO RELEASE INFORMATION:

To Whom It May Concern:

I, _____, am seeking employment or volunteer assignment with the Hills-Beaver Creek School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Hills-Beaver Creek. I hereby expressly and voluntarily give the Hills-Beaver Creek School District the right to make a thorough investigation of my past employment, education and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information to the staff of Hills-Beaver Creek School District and its agents. I hereby release the Hills-Beaver Creek School District and any organization, company, institution, or person furnishing information to the district and its agents as expressly authorized above, from any liability for damage, which may result from any dissemination of information requested. This document is effective until revoked in writing by me.

*Signature

Date

Print Full Name: _____ Print Full Address: _____

City: _____ State: _____ Zip: _____

**All applications must be signed. If you return your application by mail, send it to P.O. Box 547 rather than 301 N. Summit.*