

NON-LICENSED PERSONNEL
APPLICATION FOR EMPLOYMENT

ISD No. 91 is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, sexual orientation, religion or natural origin, marital status, or status with regard to public assistance of whatever nature or disability.

PERSONAL DATA: DATE: _____

Name: _____
(Last) (First) (Middle or Maiden)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____
(Home) (Cell)

Military Service Dates: _____ Date of Discharge: _____

Military Occupational Specialty (MOS): _____

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____

Do you have any objection for us contacting your current employer about your employment candidacy with our school district at this time? Check one: YES NO

EDUCATION:

Education	Name & Location of School	# of Years Completed	Did You Graduate? Yes or No	Subjects Studied and Degree(s) Received
High School				
College				
Trade, Business or Correspondence School				

Special Skills or Abilities: _____

Applicant's Comments: _____

Work Experience: Be complete. Experience and training ratings are determined by the information you provide. **DO NOT MARK APPLICATION "SEE RESUME."** Account for ALL your time. Applications will be rejected if incomplete. Complete the dates of employment section for all positions occupied.

Present or last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	__ FULL TIME or __ Part-Time ___ Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

Second last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	__ FULL TIME or __ Part-Time ___ Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

Third last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	__ FULL TIME or __ Part-Time ___ Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

Fourth last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	__ FULL TIME or __ Part-Time ___ Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

For additional relevant work or volunteer experience, please complete applicable parts of the following sections.

Employer		Address		City	State	Zip	
Job Title		Supervisor			Phone #	May we contact? (Circle One) Yes No	
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or ___ Part-Time ___ Hrs/Wk		STARTING SAL.	LAST SALARY	
Reason for leaving							
Specific Duties							
Employer		Address		City	State	Zip	
Job Title		Supervisor			Phone #	May we contact? (Circle One) Yes No	
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or ___ Part-Time ___ Hrs/Wk		STARTING SAL.	LAST SALARY	
Reason for leaving							
Specific Duties							

Attach additional pages of employment/volunteer information if necessary.

REFERENCES (THREE REFERENCES REQUIRED)

Name	Address	Phone Number	Business	Years Acquainted

Check if applicable: Disabled individual

Please indicate in this box any accommodations you may need to participate in the testing, interview, or selection process.

VETERAN'S PREFERENCE: If you are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, you must provide the required documents (DD214 or disability certificate) and signature.

Please check the appropriate items if you are claiming Veteran's Preference:

I hereby indicate that I am a: Veteran Disabled Veteran

Signature: _____

Check appropriate response. Have you ever been convicted of a felony or crime? (Conviction will not necessarily disqualify you from employment.)

YES NO

PLEASE READ AND SIGN

I certify that the answers I have given on this 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 for employment and may constitute grounds for my immediate dismissal should I be employed by the Barnum School District (ISD 91). I hereby authorize investigation of all statements contained in this application and other application or employment credentials submitted. I also authorize any and all current and former employers, organizations where I have volunteered, references named in this application, or any agent of such a current or former employer or volunteer organization, to release to ISD 91 and its agents any and all public or private information regarding my job performance, fitness, or qualifications to perform the position I am presently seeking and any other employment or related information. I understand the ISD 91 will use this information to determine my fitness and qualifications for the position I am seeking. I hereby release ISD 91 and all current and former employers, volunteer organizations, and references listed herein and any and all agents acting on behalf of ISD 91, former employers, volunteer organizations, or references from any and all liability of whatever nature by reason of requesting or providing such information.

I understand that Minnesota Statutes may require that I authorize and pay for a criminal background check should I be offered this position.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the ISD 91 School Board. Until such approval, ISD 91 shall not be liable for reliance on any oral or written offers of employment made to me. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

It is unlawful to knowingly hire any alien not authorized to work in the United States. Verification of all new hires will be by examining: 1) United States passport or 2) United States birth certificate or social security card and a driver's license, state issued I.D. card or alien identification document.

This authorization expires one year from the date of my signature below.

Date _____ **Applicant's Signature** _____