Independent School District No. 91 Barnum Public Schools 3675 County Road 13 Barnum, MN 55707

Licensed Employment Application

ISD No. 91 is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, creed, religion, national origin, sex, gender identity, marital status, status with regard to public assistance, disability, sexual orientation, age, family care leave status, or veteran status.

Date:								
Name:								
	(Last)	(First)	(Mic	ddle or Maiden)				
Address:								
	(Street)	(City)	(State)	(Zip)				
Phone:		Email:						
	(Note Cell, Home or Work)	-						
Military S	ervice Dates (if any)	Date of Discharge:						
Military O	Occupational Specialty (MOS):							
Current Teacher Certification, for what State:								
Teacher C	ertification applied for but no	t yet received:						
What extr	racurricular activities have you	ı supervised or do yo	u have interest in superv	ising:				
Position [Desired:		Date you can start:					
-	ave any objection to us contact school district at this time?	· ·	ployer about your emplo Yes	•				
If currently or recently employed, reason for leaving position:								

SUBMIT A RESUME highlighting your Education and Work Experience, along with any other information you feel would be pertinent for us to know in evaluating your fit for this position.

to claim Veteran's Preference, you must provide the required documents (DD214 or disability certificate) and signature.							
If claiming Veteran's Prefe	rence, are you a:	Veterar	ı	Disabled Veteran			
Signature:							
Check appropriate respon necessarily disqualify you	· ·	en convicted of a fe	lony or crime				
If you are a disabled indiv testing, interview, or selec	• •	any accommodation	ns you may n	need to participate in the			
	REA	AD 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 I be offered this position.	ı Statutes may require th	nat I authorize and pa	зу for a crimin	nal background check should			
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 or	ne year from the date of	my signature below.					
Date:	Applicant's	s Signature:					

VETERAN'S PREFERENCE: If you are a Veteran or the spouse of a disabled or deceased Veteran and wish