

**INDEPENDENT SCHOOL DISTRICT NO. 463
EDEN VALLEY-WATKINS**

APPLICATION FOR EMPLOYMENT

I. EQUAL EMPLOYMENT OPPORTUNITY

Notice of Non-Discrimination The Eden Valley-Watkins Public School District #0463 does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boys Scouts and other designated youth groups. The following persons has been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator: Mark Messman, Superintendent, Eden Valley-Watkins School District, 298 Brooks Street North, Eden Valley, MN 55329 320-453-2900, ext. 1143

Section 504 Coordinator: Cassy Lahr, ADSIS Coordinator, Eden Valley-Watkins School District, 298 Brooks Street North, Eden Valley, MN 55329 320-453-2900 ext.2531. For further information on notice of non-discrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.com> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the School District in determining suitability for employment for the position which 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 or unwilling 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 information in Section IV. 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 required by state or federal law.

III. POSITION DESIRED

Title of position for which you are applying: _____

Date available to begin employment: _____

IV. PERSONAL DATA

Name _____
Last First Middle

Address _____ Home Phone _____
Street City State Zip Alternate Phone _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes ☐ No ☐

Do you have any special needs which may necessitate accommodations in the application/interview process?
Yes ☐ No ☐

If yes, please describe the type of accommodation requested?

V. WORKNOLUNTEER EXPERIENCE

List *all* work and volunteer experience, most recent to be listed first.

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____

Reason for Leaving: _____

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____
Dates of Employment (mm/dd/yyyy): _____
Reason for Leaving: _____

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____
Dates of Employment (mm/dd/yyyy): _____
Reason for Leaving: _____

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____
Dates of Employment (mm/dd/yyyy): _____
Reason for Leaving : _____

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____
Dates of Employment (mm/dd/yyyy): _____
Reason for Leaving : _____

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____
Dates of Employment (mm/dd/yyyy): _____
Reason for Leaving : _____

VI. LICENSURE

List current licenses, registration, or certificates relevant to the position for which you are applying.

License/No.	Issued By	Date	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

All applicable licenses or certification must be received in the Personnel Office prior to employment commencing. Note: If hired, it is your responsibility to keep a current license onfile at all times. Failure to do so may result in immediate discharge from employment.

Have you ever had a license suspended, revoked or has any other action been taken with respect to your license, either in Minnesota or any other state? Yes _____ No _____
If yes, please explain the circumstances

VII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken.

Do not list dates of attendance for high school . List most recent first.

Name of School:

Address of School:

Degree/Diploma Received:

Major/Minor:

Dates of Attendance:

Name of School:

Address of School:

Degree/Diploma Received:

Major/Minor:

Dates of Attendance:

Name of School:

Address of School:

Degree/Diploma Received:

Major/Minor:

Dates of Attendance:

Name of School:

Address of School:

Degree/Diploma Received:

Major/Minor:

Dates of Attendance:

List/describe any other training and/or experience relevant to the position for which you are applying:

VIII. REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The School District reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference:

Address:

Phone Number:

Title:

Name of Reference:

Address:

Phone Number:

Title:

Name of Reference:

Address:

Phone Number:

Title:

IX. PRIOR EMPLOYMENT

Have you ever been discharged, forced to resign from employment or resign as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were the claimant/plaintiff?

Yes _____ No _____

If so, identify the employer and describe the circumstances: _____

X. CRIMINAL BACKGROUND

Have you ever been convicted of a felony? Yes _____ No _____

If answer is yes, please explain: _____

XI. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

Name: _____

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 constitutes grounds for my immediate dismissal should I be employed by the School District.

I **understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the School Board or the appointing authority referenced in the job description and that until such approval that the School District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application I **hereby authorize** any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the School District 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 the School District 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.

No offer of employment shall become final until receipt of the results of the criminal background check by private companies, other organizations or agencies, the content of which is acceptable to the School District, and formal approval by the appointing authority.

I **hereby release** the School District and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said School District, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date _____

Signature _____

(Do Not Print)

EDEN VALLEY-WATKINS SCHOOLS
298 BROOKS STREET N • EDEN VALLEY MN 55329
PH: 320-453-2900
FAX: 320-453-5600