

INDEPENDENT SCHOOL DISTRICT 881

200 Highway 55 East
Maple Lake, MN 55358
(320) 963-3171

APPLICATION FOR EMPLOYMENT: SECRETARY/CLERICAL/MEDIA/OTHER/CLASSIFIED

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO. _____ DATE OF APPLICATION: _____

POSITION DESIRED: FULL TIME _____ PART TIME _____ SUBSTITUTE _____

Position for which you are applying: _____ Available Date: _____

How did you hear about position? _____

Are you legally able to work in the U.S.? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE U.S. ARMED FORCES? YES ___ NO ___

Minnesota Statute 197.455 provides, in pertinent part, that applicants having a valid claim of Veteran's Preference be granted preference in the selection process. This provision does not guarantee that applicants having valid claim be interviewed or hired. All claims are verified by the District through review of form DD214.

DO YOU WISH TO CLAIM VETERAN'S PREFERENCE? YES ___ NO ___

If yes, you must provide the district with a copy of your DD214 form on or before the posting deadline

IF YES, WHICH PREFERENCE ARE YOU CLAIMING?

Veteran _____ Disabled Veteran _____ Spouse of Deceased Veteran _____ Spouse of Disabled Veteran _____

EDUCATION

	SCHOOL ATTENDED	ADDRESS	COURSE OF STUDY	DIPLOMA OR DEGREE
HIGH SCHOOL				
VOCATIONAL/TECHNICAL				
COLLEGE/UNIVERSITY				
OTHER				

List any other types of Licensure held (i.e. boiler, coaching etc.) _____

Describe any specialized training, apprenticeship, skills and/or extra-curricular activities which will provide us with a better understanding of your interest, skills and abilities:

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EMPLOYMENT HISTORY: Please provide a complete history of your work experience. If your work experience has not been continuous, indicate in detail what your occupation or activity was during the time you were not employed. This information is used to determine your qualification for positions in our school district. Therefore, please provide complete detailed information.

Please list current or most recent employer first. Attach additional sheets if necessary.

<u>TITLE OF POSITION</u>	<u>NAME OF EMPLOYER</u>	<u>CITY & STATE</u>
<u>NAME OF SUPERVISOR</u>	<u>TELEPHONE NO.</u>	<u>EMPLOYMENT DATES</u>
Describe in detail the work for which you are/were responsible _____ _____ _____		
LAST SALARY:		

<u>TITLE OF POSITION</u>	<u>NAME OF EMPLOYER</u>	<u>CITY & STATE</u>
<u>NAME OF SUPERVISOR</u>	<u>TELEPHONE NO.</u>	<u>EMPLOYMENT DATES</u>
Describe in detail the work for which you are/were responsible _____ _____ _____		
LAST SALARY:		

<u>TITLE OF POSITION</u>	<u>NAME OF EMPLOYER</u>	<u>CITY & STATE</u>
<u>NAME OF SUPERVISOR</u>	<u>TELEPHONE NO.</u>	<u>EMPLOYMENT DATES</u>
Describe in detail the work for which you are/were responsible _____ _____ _____		
LAST SALARY:		

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REFERENCES: Give names, addresses and phone numbers of those who know you or your work experience and can speak of your qualifications for this position. Do not list relatives.

NAME	ADDRESS	PHONE NO.	RELATION TO YOUR WORK

CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

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 Maple Lake School District.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Independent School District 881 and myself for either employment or for the providing of any benefit. No promise regarding employment has been made to me and I understand that no such promise or guarantee is binding upon Independent School District 881 unless in writing.

Additionally, I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Maple Lake School Board and that until such approval that the Maple Lake 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 give Independent School District 881, Maple Lake Schools the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify Independent School District 881 against any liability which might result from making such investigation. I understand that any false answer or statement or implication made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Signature _____ Date _____

I understand that as of January 1, 1996, any conditional job offer will be contingent upon passing a criminal background check.

Signature _____ Date _____

Pursuant to Minnesota State Statute 176.178, I understand any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.

Signature _____ Date _____

RETURN COMPLETED APPLICATION, plus JOB SPECIFIC APPLICATION ADDENDUM TO:

**MAPLE LAKE SCHOOLS
DISTRICT OFFICE
200 HIGHWAY 55 EAST
MAPLE LAKE, MN 55358**

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DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

DAY TIME PHONE _____ CELL _____

EMAIL _____

POSTIION DESIRED: FULLTIME _____ PARTTIME _____ SUBSTITUTE _____

ARE YOU UNDER 16 YEARS OLD? YES _____ NO _____

	EXCELLENT	GOOD	FAIR	# YEARS EXPERIENCE
MICROSOFT OFFICE:				
WORD				
EXCEL				
OTHER				
TYPING WPM				
10-KEY				
OFFICE SKILLS				
MATH SKILLS				
BOOKKEEPING				
PAYROLL				
ORGANIZATION				
COMMUNICATION				

EMPLOYMENT HISTORY: PAST EXPERIENCE THAT WOULD AID YOU IN THIS POSTION

EMPLOYER	SUPERVISOR	TELEPHONE NUMBER

DATE AVAILABLE TO START WORK _____

APPLICANT’S SIGNATURE _____