

Application for Employment for Licensed Positions

Date received _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Annandale Public School does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

“VETERANS’ PREFERENCE: If you are a veteran and wish to claim veterans’ preference, you must present a legible photocopy of your DD214 to the Human Resource Director. If your claim is approved, five or ten additional points will be added to your final passing score.”

Last name		First name			Middle name	
Address	Number	Street	City	State	Zip	
Telephone number(s)		MN license number	TRA number			

Email Address: _____

What position(s) are you applying for: _____

Have you ever filed an application with us before?

Yes No

If yes, give date _____

Have you ever been employed with us before?

Yes No

If yes, give date _____

Are you currently employed?

Yes No

May we contact your present and previous employers?

Yes No

Are you prevented from lawfully being employed in this country because of visa or immigration status? *(Proof of citizenship or immigration status will be required upon employment.)*

Yes No

On what date would you be available for work? _____

Are you available to work Full time Part time

**ANNANDALE SCHOOLS ISD 876
PO BOX 190
ANNANDALE, MN 55302
FAX: 320-274-5978
www.annandale.k12.mn.us**

Teaching employment experience

Start with your present or last job. Include any job-related military-service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. *Omit the dates of employment if the employment occurred more than five years ago.*

School/institution	Grades/subjects taught			Work performed		
Address						
Telephone number	Dates		No. of months	Full time	Part time	Substituting
	from	to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/principal				Reason for leaving		

School/institution	Grades/subjects taught			Work performed		
Address						
Telephone number	Dates		No. of months	Full time	Part time	Substituting
	from	to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/principal				Reason for leaving		

School/institution	Grades/subjects taught			Work performed		
Address						
Telephone number	Dates		No. of months	Full time	Part time	Substituting
	from	to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/principal				Reason for leaving		

School/institution	Grades/subjects taught			Work performed		
Address						
Telephone number	Dates		No. of months	Full time	Part time	Substituting
	from	to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/principal				Reason for leaving		

If you need additional space, please continue on a separate sheet of paper.

Extracurricular employment experience

List extracurricular experience. Must include a minimum of two years or two seasons of experience.
Omit the dates of employment if the employment occurred more than five years ago.

Job title	School or location	Work performed	Dates	
			from	to

References

Give names, addresses, telephone numbers and occupations of three references who are not related to you and are not previous employers.

1.

<i>Name</i>	<i>Work #</i>	<i>Employer</i>	<i>Work address</i>	<i>Position</i>
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2.

<i>Name</i>	<i>Work #</i>	<i>Employer</i>	<i>Work address</i>	<i>Position</i>
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3.

<i>Name</i>	<i>Work #</i>	<i>Employer</i>	<i>Work address</i>	<i>Position</i>
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Applicant's statement

I certify that answers given here are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date