

Date Received by District Office



**NRHEG SCHOOL DISTRICT #2168**  
**Human Resources Department**  
**306 Ash Ave South**  
**New Richland, MN 56072**

**Phone (507) 465-3205**  
**Fax (507) 465-8633**

### **Non-Licensed Application Form**

The NRHEG District is an Equal Opportunity Employer. Applicants are considered solely on the basis of merit without regard to race, color, religion, sex, national origin, age, marital status, veteran status, public assistance status, political affiliation, disability, sexual orientation or familial status.

Print clearly or type all applicable areas of the application, including any attached supplemental application. Experience and training ratings will be determined by the information you provide on your application. Account for all your time and be complete. Do not mark the application "see resume". You may enclose your resume, but it does not substitute for the application form. Applications that are not complete may be rejected.

You must submit a separate application for each position. Copies will not be provided by District Office. If you wish a copy for your information, please make your own copy prior to submission. Applications must be received by the deadline. Late applications will not be considered.

Should you have a disability or language difficulty that would prevent you from testing or interviewing for a position under standard conditions, please notify District Office so that reasonable effort can be made to accommodate your needs.

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Title of position for which you are applying

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Date of Application

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Your name (Last, First & Middle)

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Home Telephone Number

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Cellular Phone Number

---

Work Telephone Number

---

E-mail Address (print neatly)

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Address (Street, City, State and Zip Code)

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Date available to work: \_\_\_\_\_

Have you ever been employed by the NRHEG School District? ☐ Yes ☐ No

If yes, job titles and dates \_\_\_\_\_

Are you employed now? ☐ Yes ☐ No May we contact your present employer? \_\_\_\_\_

For positions requiring a license, registration or certificate, please list a description and expiration date: \_\_\_\_\_

Issued by: \_\_\_\_\_

Are you available to work: ☐ Full-Time ☐ Part-time ☐ Temporary or Substitute

Check days you are available to work: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

For positions that require a driver's license, please indicate driver's license number. Class \_\_\_\_\_

D/L #: \_\_\_\_\_ State: \_\_\_\_\_

## EDUCATION

Do you have a high school diploma or equivalent? ☐ Yes ☐ No School attended \_\_\_\_\_

Name and Location of College, University, Technical, Professional, Business, Correspondence, Trade or Other School.	Number of Credits Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Emphasis Area	Type of Certificate or Degree Earned	College or Graduate GPA
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you fluent in a language other than English, including sign language? ☐ Yes ☐ No

If so, specify: \_\_\_\_\_

College honors and activities: \_\_\_\_\_

Please enclose a *copy* of your college/university transcripts along with this application form. A *copy* is acceptable for the application process.

If you are selected as a finalist for this position, you will be required to have an official transcript sent to us from your college or university. Please request the official transcript be sent to us at the time an interview is scheduled. Official transcripts should be mailed to the NRHEG School District, Human Resources Department, 306 Ash Avenue South, New Richland, MN 56072.

## WORK EXPERIENCE

Part of all of your rating may be based on the information below. List your present or most recent employment first. Attach additional sheets if necessary. Account for any breaks in employment.

Employment Firm Name and Address:		
Phone Number:	Fax Number:	Supervisor's Name and Title:
Your Position Title:	Hours Per Week:	Final Salary:
Total Time Employed (Years/Months):	Dates of Employment:	Reason for Leaving:
Supervisor's E-mail Address (optional):		
Position Duties:		

Employment Firm Name and Address:		
Phone Number:	Fax Number:	Supervisor's Name and Title:
Your Position Title:	Hours Per Week:	Final Salary:
Total Time Employed (Years/Months):	Dates of Employment:	Reason for Leaving:
Supervisor's E-mail Address (optional):		
Position Duties:		

## WORK EXPERIENCE, Continued

Employment Firm Name and Address:		
Phone Number:	Fax Number:	Supervisor's Name and Title:
Your Position Title:	Hours Per Week:	Final Salary:
Total Time Employed (Years/Months):	Dates of Employment:	Reason for Leaving:
Supervisor's E-mail Address (optional):		
Position Duties:		

Employment Firm Name and Address:		
Phone Number:	Fax Number:	Supervisor's Name and Title:
Your Position Title:	Hours Per Week:	Final Salary:
Total Time Employed (Years/Months):	Dates of Employment:	Reason for Leaving:
Supervisor's E-mail Address (optional):		
Position Duties:		

## VOLUNTEER EXPERIENCE

List volunteer or community work relevant to the position for which you are applying.				
Type of Activity (Do not specify organization.)	Work Performed	Hours per Week	No. Years and Months	Supervisor

## PROFESSIONAL REFERENCES

Please list professional references (other than friends and relatives) that are familiar with your work and educational qualifications.	
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax
E-mail Address	E-mail Address
Relationship	Relationship

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax
E-mail Address	E-mail Address
Relationship	Relationship

## OTHER

Have you ever been the subject of an investigation by a previous employer? ☐ Yes ☐ No

If yes, please describe the circumstances and the outcome. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been the subject of disciplinary action (oral or written reprimands, suspensions etc.) by a previous employer? ☐ Yes ☐ No

If yes, please describe the circumstances and the outcome. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or asked to resign from prior employment? ☐ Yes ☐ No

If yes, please describe the circumstances and the outcome. \_\_\_\_\_  
\_\_\_\_\_

Are there any criminal charges pending against you? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

Have you ever been convicted of any violation of the law (other than parking violations)? ☐ Yes ☐ No  
You must report all convictions, past and present, unless the conviction was annulled, expunged, purged, or pardoned. If it is determined that they are not job-related, they will not disqualify you. Attach additional pages, if necessary.

If yes, what was your offense? \_\_\_\_\_

Court address: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

List computer hardware and software you are experienced with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills, abilities or work habits do you possess which you believe makes you exceptionally well suited for the position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work for the NRHEG School District? Why are you interested in the position?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EMPLOYMENT MAY BE CONTINGENT UPON THE FOLLOWING:

Under the Federal Immigration Reform and Control Act, employers may hire only persons who may legally work in the United States, i.e., citizens and nationals of the U.S. and aliens authorized to work in the U.S. The District will verify the identity and employment eligibility of anyone to be hired.

**BACKGROUND CHECKS:** Finalists for positions applied for may be subject to paying a \$15.00 fee payable to MN BCA to cover the cost of a state criminal history background check as required under Minnesota State Statute 123B.03.

Those finalists who are non-residents of the State of Minnesota may be subject to paying a \$24 fee payable to the BCA in accordance with Minnesota State Statute 299C.62, as well as a fully rolled set of fingerprints on an appropriate FBI applicant card.

## TENNESSEN WARNING AND NOTICE TO APPLICANTS

### YOUR RIGHTS AS A SUBJECT OF DATA

In accordance with the Minnesota Government Data Practices Act we must inform you of your rights as a subject of data. The data you give us about yourself is needed to identify you and assist in determining your suitability for the position(s) for which you are applying. Race, sex, age and disability data are used in summary form by the Affirmative Action Officer to monitor protected class employment and to meet federal, state and local reporting requirements.

You are not legally required to supply any of the data we ask for on this application, but if you choose to withhold data other than race, sex, disability or Social Security number, we cannot consider you for employment. If you do provide the data, your application will be considered, and if you are employed, the information you have given us will become part of your employee record.

The information that we collect about you is classified as either PUBLIC or PRIVATE. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to the staff who must see it in the normal course of conducting District business and as otherwise provided by law.

The following data that we collect on you, as an applicant, is PUBLIC:

1. Veteran status
2. Test scores
3. Rank on our eligible list
4. Job history
5. Education and training
6. Work availability

Your name is considered PRIVATE until you are certified eligible for appointment to a vacancy or considered as a finalist (selected to be interviewed). The names of finalists are PUBLIC.

Data collected on or in response to this employment application that is classified as “private” may be shared with District personnel who determine your suitability and ranking for the position for which you apply. It may be shared with a labor union if applicable; with the Public Employee Retirement Association (PERA); or other organizations at your request. It may also be shared as required by current or future laws.

### APPLICANT STATEMENT

In accordance with Minnesota Statutes, Section 13.04, I have been informed of and understand my rights as a subject of data.

I certify that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application will disqualify me from employment or result in dismissal if I have been employed. I hereby authorize the NRHEG School District to perform a background check including criminal convictions, former employers and education institutions and release the NRHEG School District from all and any liability for the same. I understand that this application is not a contract or offer of employment.

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Signature

Date

## VETERANS PREFERENCE

Veterans' Preference applies to positions in government **except** the positions of private secretary, teacher, superintendent of schools, or one chief deputy of any elected official or head of a department, elected officials, temporary employees or any person holding a strictly confidential relation to the appointing officer.

The Minnesota's Veterans' Preference Act was enacted to provide public employment benefits and protections to veterans of military service. The term "veteran" means a citizen or resident alien of the United States who has separated under honorable conditions from any branch of the Armed Forces of the United States if:

- he or she has either served on active duty for 181 consecutive days
- has been disabled while serving on active duty
- has active service as a reservist

In addition, to qualify for preference, you must not be receiving a monthly veteran's pension based exclusively on length of service. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who because of the disability is unable to qualify when making an application for employment. In all cases, the United States Secretary of Defense must certify the active service and the honorable discharge of the veteran.

The NRHEG School District utilizes a preference system that awards points to qualified veterans to supplement their exam results. Five (5) preference points are granted for non-disabled veterans on open competitive examinations. Ten (10) points are added to the exam results of a disabled veteran. For the purpose of the preference to be used in securing appointment from a competitive open examination, "disabled veteran" means a person who has a compensable service-connected disability as adjudicated by the United States Veterans Administration, or by the retirement board of one of the several branches of the armed forces, which disability is existing at the time preference is claimed. For purposes of the preference to be used in securing appointment from a competitive promotional examination, "disabled veteran" means a person who, at the time of election to use a promotional preference, is entitled to disability compensation under laws administered by the Veterans Administration for a permanent service-connected disability rated at 50 percent or more.

A veteran may invoke special points for consideration during the hiring or promotion process. Veterans' Preference points are awarded when it is determined the applicant meets the minimum qualifications for the job and receives a passing exam score. The veteran **must** request that Veterans' Preference points be applied to the passing score by completing this form *and* submitting the required documentation. Exams may be based entirely on the job application, a written test, an oral examination, skills test or a combination of factors.

The additional points for Veterans' Preference cannot be used to alter a failing score to a passing score. If the exam requires 70 points to pass and the veteran scores 68, no preference points are added. If the veteran scores 70 points, then the score is increased to 75 (or 80 in the case of a disabled veteran).

The veteran (or spouse of a disabled or deceased veteran) **must** request that Veterans' Preference points be applied to the passing score by completing this form *and* submitting the required documentation.

- ☐ **Check here if you are a veteran and are requesting Veterans' Preference points.** You must submit a photocopy of your DD214 or other military documents to substantiate the service information requested below. You will not receive veteran's preference unless you provide proper documentation.



## VETERANS PREFERENCE, Continued

☐ **Check here if you are a surviving spouse of a deceased veteran and are requesting Veterans' Preference points.** In addition to a photocopy of your spouse's DD214 or other military documents to substantiate the service information requested below, a photocopy of your marriage certificate *and* spouse's death certificate must be submitted to receive points. You will not receive veteran's preference points unless you provide proper documentation. You are ineligible to receive points if you have remarried or were divorced from the veteran.  
Have you remarried? ☐ Yes ☐ No

☐ **Check here if you are a spouse of a disabled veteran who because of the disability is unable to qualify when making an application for employment and are requesting Veterans' Preference points.** In addition to a photocopy of your spouse's DD214 or other military documents to substantiate the service information requested below, please provide documentation from the Veterans Administration showing proof of disability. You will not receive veteran's preference points unless you provide proper documentation.  
Indicate your spouse's present occupation: \_\_\_\_\_

Name (Last, First, Middle)	Soc. Sec. No.	Position Applied For
Address	City State Zip	Phone No.

### COMPLETE THIS SECTION ONLY IF YOU ARE CLAIMING VETERANS PREFERENCE POINTS:

Are you a U.S. Citizen or a resident alien? ☐ Yes ☐ No

Have you been separated under honorable conditions from the armed forces of the United States?  
☐ Yes ☐ No Branch of the armed forces: \_\_\_\_\_

Have you served on active duty for 181 consecutive days? ☐ Yes ☐ No

Have you been separated under honorable conditions by reason of disability incurred while serving on active duty? ☐ Yes ☐ No If yes, percent of disability: \_\_\_\_%. Please provide documentation from the Veterans Administration showing proof of disability. Permanent Disability? ☐ Yes ☐ No  
Currently existing? ☐ Yes ☐ No

Have you ever been promoted in employment with the NRHEG School District? ☐ Yes ☐ No

Do you have active service as a reservist? ☐ Yes ☐ No

Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service? ☐ Yes ☐ No

AFFIDAVIT: I hereby claim veteran's preference for this application and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the NRHEG School District Human Resources Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICANT DATA RECORD

The NRHEG School District requests that you voluntarily provide the following information to enable us to monitor our recruitment and testing activities and to provide periodic reports on affirmative action as required by Federal and State laws. The data requested on this sheet will be used only for affirmative action records and reporting. It will be kept in a private file separate from your application.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

Referral Source: ☐ Newspaper Advertisement (name of newspaper) \_\_\_\_\_

☐ District Website ☐ MN Workforce Center Website

☐ Other Website (specify) \_\_\_\_\_

☐ Job Line ☐ Current Employee ☐ Friend

☐ Walk-in ☐ Employment Agency

☐ Other (specify) \_\_\_\_\_

## AFFIRMATIVE ACTION SURVEY

Check one: ☐ Male ☐ Female

Check one of the following race/ethnic groups:

☐ White

☐ Black

☐ Hispanic

☐ Asian/Pacific Islander

☐ American Indian/Alaskan Native

Check if any of the following are applicable:

☐ Veteran

☐ Disabled Veteran

☐ Disabled Individual

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize NRHEG Public Schools, New Richland, Minnesota, and any of its duly authorized representatives, to communicate with and obtain information about me from past employers and personal references, as well as my criminal history, if any, and military service records.

Any information from my previous employers shall include all written observation, evaluations, reprimands, and/or notices of deficiency which were included and made part of my personnel file while I was employed by any particular employer. I waive any and all claims that I may now have or that might arise in the future as a result of the release of the information referred to herein by any employer, agency or individual to whom this authorization is delivered.

A photocopy of a signed copy of this authorization may be used the same as one containing an original signature.

_____	_____
Date	Applicant's Signature
	_____
	Social Security Number
	_____
	Date of Birth
	_____
	Full Name (first, middle, last)
	_____
	Driver's License Number