



INDEPENDENT SCHOOL DISTRICT NO. 32

Blackduck PUBLIC SCHOOLS

156 1st St. NE

Blackduck, MN 56630

NONLICENSED PERSONNEL
APPLICATION FOR EMPLOYMENT

ISD # 32 is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, sexual orientation, religion or natural origin, marital status, or status with regard to public assistance of whatever nature or disability.

PERSONAL DATA: DATE: _____ SOCIAL SECURITY NO. _____

Name _____
(Last) (First) (Middle or Maiden)

Present Address _____
(Street) (City) (State) (Zip)

Present Telephone Number _____

Military Service Dates _____ Date of Discharge _____

Military Occupational Specialty (MOS) _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____

Do you have any objection for us contacting your current employer about your employment candidacy with our school district at this time? Check one: ____ YES ____ NO ____

EDUCATION:

| Education | Name & Location of School | Circle Last Year Completed | Did You Graduate? | Subjects Studied and Degree(s) Received |
|--|---------------------------|----------------------------|-------------------|---|
| High School | | 7 8 9 10 11 12 | Yes or No | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

Work Experience: Be complete. Experience and training ratings are determined by the information you provide. **DO NOT MARK APPLICATION “SEE RESUME.”** Account for ALL your time. Applications will be rejected if incomplete. Complete the dates of employment section for all positions occupied.

| | | | | | | |
|---------------------------------|---------------|-------------------------|----------------------------------|---------|---------------|--|
| Present or last employer | | Address | | City | State | Zip |
| Job Title | | Supervisor | | Phone # | | May we contact? (Circle One) Yes No |
| FROM Mo. Yr. | TO Mo. Yr. | TOTAL TIME Yrs. Mos. | FULL TIME or Part-Time Hrs/Wk | | STARTING SAL. | LAST SALARY |
| Reason for leaving | | | | | | |
| Specific Duties | | | | | | |

| | | | | | | |
|-----------------------------|---------------|-------------------------|----------------------------------|---------|---------------|--|
| Second last employer | | Address | | City | State | Zip |
| Job Title | | Supervisor | | Phone # | | May we contact? (Circle One) Yes No |
| FROM Mo. Yr. | TO Mo. Yr. | TOTAL TIME Yrs. Mos. | FULL TIME or Part-Time Hrs/Wk | | STARTING SAL. | LAST SALARY |
| Reason for leaving | | | | | | |
| Specific Duties | | | | | | |

| | | | | | | |
|----------------------------|---------------|-------------------------|----------------------------------|---------|---------------|--|
| Third last employer | | Address | | City | State | Zip |
| Job Title | | Supervisor | | Phone # | | May we contact? (Circle One) Yes No |
| FROM Mo. Yr. | TO Mo. Yr. | TOTAL TIME Yrs. Mos. | FULL TIME or Part-Time Hrs/Wk | | STARTING SAL. | LAST SALARY |
| Reason for leaving | | | | | | |
| Specific Duties | | | | | | |

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|-----------------------------|---------------|-------------------------|----------------------------------|---------|---------------|--|
| Fourth last employer | | Address | | City | State | Zip |
| Job Title | | Supervisor | | Phone # | | May we contact? (Circle One) Yes No |
| FROM Mo. Yr. | TO Mo. Yr. | TOTAL TIME Yrs. Mos. | FULL TIME or Part-Time Hrs/Wk | | STARTING SAL. | LAST SALARY |
| Reason for leaving | | | | | | |
| Specific Duties | | | | | | |

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|----------------------------|---------------|-------------------------|----------------------------------|---------|---------------|--|
| Fifth last employer | | Address | | City | State | Zip |
| Job Title | | Supervisor | | Phone # | | May we contact? (Circle One) Yes No |
| FROM Mo. Yr. | TO Mo. Yr. | TOTAL TIME Yrs. Mos. | FULL TIME or Part-Time Hrs/Wk | | STARTING SAL. | LAST SALARY |
| Reason for leaving | | | | | | |
| Specific Duties | | | | | | |

For additional relevant work or volunteer experience, please complete applicable parts of the following sections.

| | | | | | | |
|----------------------|--------------------|------------------------------|---|---------|---------------|---|
| Employer | | Address | | City | State | Zip |
| Job Title | | Supervisor | | Phone # | | May we contact? (Circle One) Yes No |
| FROM Mo. Yr. | TO Mo. Yr. | TOTAL TIME Yrs. Mos. | ___ FULL TIME or ___ Part-Time Hrs/Wk | | STARTING SAL. | LAST SALARY |
| Reason for leaving | | | | | | |
| Specific Duties | | | | | | |

| | | | | | | |
|----------------------|--------------------|------------------------------|---|---------|---------------|---|
| Employer | | Address | | City | State | Zip |
| Job Title | | Supervisor | | Phone # | | May we contact? (Circle One) Yes No |
| FROM Mo. Yr. | TO Mo. Yr. | TOTAL TIME Yrs. Mos. | ___ FULL TIME or ___ Part-Time Hrs/Wk | | STARTING SAL. | LAST SALARY |
| Reason for leaving | | | | | | |
| Specific Duties | | | | | | |

Attach additional pages of employment/volunteer information if necessary.

REFERENCES (THREE REFERENCES REQUIRED)

| Full Name | Address City, State Zip | Relationship | Occupation (if applicable) | Telephone No. | Years Acquainted |
|-----------|----------------------------|--------------|-------------------------------|---------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Check if applicable: ___ Disabled individual

Please indicate in this box any accommodations you may need to participate in the testing, interview, or selection process.

VETERAN'S PREFERENCE: If you are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, you must provide the required documents (DD214 or disability certificate) and signature.

Please check the appropriate items if you are claiming Veteran's Preference:

I hereby indicate that I am a: ___ Veteran ___ Disabled Veteran

Signature: _____

PLEASE READ 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 Blackduck School District (ISD 32). 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 32 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 32 will use this information to determine my fitness and qualifications for the position I am seeking. I hereby release ISD 32 and all current and former employers, volunteer organizations, and references listed herein and any and all agents acting on behalf of ISD 32, 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 Statutes may require that I authorize and pay for a criminal background check should I be offered this position.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the ISD 32 School Board. Until such approval, ISD 32 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 one year from the date of my signature below.

Date _____ **Applicant's Signature** _____

**BLACKDUCK PUBLIC SCHOOL DISTRICT
EMPLOYMENT/WORK REFERENCE CHECK FORM**

You have been asked to be a reference for a potential Blackduck School District employee. Thank you for completing this form and helping our school district assure that we continue to employ quality individuals to carry on our mission to serve our students and community.

Applicant's Name: _____ Date of Reference Request: _____

Position(s) for which applicant is applying: _____

EMPLOYMENT/WORK REFERENCE

(Personal references (non-work related) should complete the back side of this page).

EMPLOYMENT/WORK REFERENCE INFORMATION OF PERSON COMPLETING THIS FORM

Name: _____ Phone(s): _____
Address: _____ City: _____ State: _____
Signature: _____ Date: _____

In what capacity have you known this applicant? Check all that apply.

_____ Work Supervisor _____ Co-Worker _____ Friend _____ Other (Explain)

How long have you known this candidate? _____

Candidate's work assignment/areas of responsibility:

Please rank the candidate in the following areas:

| <u>AREA</u> | | <u>CIRCLE ONE</u> | | |
|--|------|-------------------|-----|-----------|
| 1. Dependability/Reliability/Honesty | High | Acceptable | Low | Not Rated |
| 2. Attendance | High | Acceptable | Low | Not Rated |
| 3. Quality of Work | High | Acceptable | Low | Not Rated |
| 4. Relationship with Co-Workers | High | Acceptable | Low | Not Rated |
| 5. Relationship with Clients/Customers | High | Acceptable | Low | Not Rated |
| 6. Appropriate Appearance for Work | High | Acceptable | Low | Not Rated |

Would you recommend this candidate for hire in the position(s) stated above? Circle one: Yes No

Reason for leaving this position, if known: _____

Additional Comments (if any): _____
