

**INDEPENDENT SCHOOL DISTRICT NO. 414
APPLICATION FOR SUBSTITUTE POSITION**

I. EQUAL EMPLOYMENT OPPORTUNITY

Minneota Public School does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following people have been designated to handle inquiries regarding the non-discrimination policies: Jen Mahan-Deitte, Elementary Principal, 507.872.6175 EX 1160, jen.mahandeitte@minneotaschools.org , Cari Pohlen, Activity's Director, 507.872.6175 EX 1141, cari.pohlen@minneotaschools.org , Minneota Public Schools, ISD 414, 504 North Monroe Street, Minneota, MN 56264

II. DATA PRIVACY NOTICE

The information requested on this application may 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 requested information. 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: _____
Salary Range Desired: _____

IV. PERSONAL DATA

NAME

Last _____ First _____ Middle _____

ADDRESS

Street _____ City _____ State _____ Zip code _____
Phone Number _____
Email Address _____

Have you previously worked for Independent School District No. 414? Yes _____ No _____
If yes, what was the position held? _____
If yes, under what name may your previous employment records be found? _____

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

If yes, please describe the type of accommodations requested:

List all other names under which you have been employed or under which your educational records may be found.

V. WORK EXPERIENCE

List *all* work experience, starting with the most recent

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Employer Name: _____
Employer Address: _____
Employer Phone Number: _____
Job Title: _____
Job Duties: _____

Dates of Employment/Experience: _____
Reason for Leaving: _____
Starting Salary: _____ Ending Salary: _____

Employer Name: _____
Employer Address: _____
Employer Phone Number: _____
Job Title: _____
Job Duties: _____

Dates of Employment/Experience: _____
Reason for Leaving: _____
Starting Salary: _____ Ending Salary: _____

Attach additional sheets if necessary.

VI. LICENSURE

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

<u>License Description/No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All applicable licenses or certifications must be received in the Superintendent's office prior to employment. Note: If hired, it is your responsibility to keep a current license on file at all times. Failure to do so may result in immediate discharge from employment.

Have you ever had a license to teach suspended, revoked, or has any other action been taken with respect to your teaching license, either in Minnesota or any other state?
Yes _____ No _____

If yes, please explain the circumstances: _____

VII. EDUCATION

Include high school and any education/courses taken, starting with the most recent.

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: _____

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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: _____

List college activities, and any honors received before and after graduation: _____

Special subjects qualified in: _____

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: _____

Email Address: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Email Address: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Email Address: _____

IX. VETERAN STATUS

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran Preference Points? Yes _____ No _____

Do you wish to claim Veteran Preference Points (if applicable)? Yes _____ No _____

If you are a disabled veteran and wish to claim additional points, please check here: _____

X. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from employment or resigned as part of a settlement agreement with an employer? Yes _____ No _____

If so, describe the circumstances: _____

XI. CERTIFICATION, ACKNOWLEDGEMENT, 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 District.

I understand, acknowledge, and agree that no offer of employment is valid or binding until formal approval by the School Board 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 former employers, organizations where I have volunteered and references named in this application, or any agent of such former employer or volunteer organizations, to release to Independent School District No. 414 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 related information, both public and private, in their possession. I understand that Independent School District No. 414 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.

I hereby release Independent School District No. 414 and all former employers, volunteer organizations, and references listed herein and all agents acting on behalf of said District, former employers, volunteer organizations, or references, for any and all liability whatever nature by reason of requesting or providing such information.

Date _____ Signature _____

(Do Not Print)