

Albany Area Schools

District No. 745

P.O. Box 40 Albany, Minnesota 56307

Administration Office Telephone 320/845-2171 - FAX 320/201-5878

Avon Elementary

Albany Elementary

Albany Middle/High School

Employment Application

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Independent School District No 745 to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

II. DATA PRIVACY NOTICE

The information requested on this application is intended to 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 information in Section IV. 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, payroll processing or as otherwise required by state or federal law.

DATE: _____

III. POSITION DESIRED

List the position you are applying for, why you are interested in the position and what you hope to accomplish if selected. _____

IV. PERSONAL DATA

Name:	Address:
Home Phone:	
Cell Phone:	
E-mail:	

Are you either a U.S. Citizen or legally eligible to hold employment in the United States? Yes ____ No ____

Do you have any special needs which may necessitate accommodations in the application/interview process?
Yes ____ No ____ If yes, please describe the type of accommodation requested _____

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

Do you have any weight lifting limitations? Yes ____ No ____ If yes, please describe.

V. EDUCATION

	School or Institution & Location	Major/Minor	Diplomas/Degrees or Credits Earned	GPA
High School				
College				
College				
Graduate Study				

VI. LICENSURE

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

License Number	Issued by	Date Issued	Expiration

All applicable licenses or certifications must be received in the Superintendent’s office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

VII. WORK/VOLUNTEER EXPERIENCE: BEGIN WITH THE MOST RECENT.

Employer Name and Address:
Job Title and Duties:
Dates of Employment: Supervisor:
Reason for Leaving:

Employer Name and Address:
Job Title and Duties:
Dates of Employment: Supervisor:
Reason for Leaving:

Employer Name and Address:
Job Title and Duties:
Dates of Employment: Supervisor:
Reason for Leaving:

Employer Name and Address:
Job Title and Duties:
Dates of Employment: Supervisor:
Reason for Leaving:

List/describe any other training and/or experience relevant to the position for which you are applying:

Have you ever been discharged or forced to resign from prior employment other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes _____ No _____

If so, please explain the circumstances: _____

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

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.

<u>Name</u>	<u>Relationship</u>	<u>Address or Place of Business</u>	<u>Telephone</u>	<u>Internal Use</u>

IX. CRIMINAL BACKGROUND INFORMATION

The School District will conduct a criminal background check. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the School District, and approval by the School Board.

X. VETERAN STATUS

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

Do you wish to claim Veteran's Preference Points? Yes _____ No _____

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

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

IX. 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 or the appointing authority referenced in the job description and that until such approval that the 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 current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the District 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 or related information, both public and private, in their possession. I understand that the District 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 the District and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said District, former employers, volunteer organizations or references for any and all liability of whatever nature by reason of requesting or providing such information.

Signature _____

Date _____

Please attach a resume to complete your application process.

Return to: Superintendent of Schools (address available on page 1 of this application)