Independent School District #676

P.O. Box 68 Badger, Minnesota 56714 Phone: 218-528-3201 Fax: 218-528-3366

APPLICATION FOR EMPLOYMENT

Non-Licensed Position

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

- 1. The accuracy and completeness with which this application is filled out will be factors in the consideration of the applicant for a position.
- 2. Include three letters of reference, a copy of your teaching license, and an official transcript. All materials should be forwarded to the above address.
- 3. Application will be kept on file for one year unless notice of continued interest along with any additional up-to-date information is received from the applicant.

It is the policy of the Board of Education of District #676 to comply with federal and state law prohibiting discrimination and all requirements imposed by or pursuant to regulations issued thereto, to the end that no person shall, on the grounds of race, color, national origin, creed, religion, sex, marital status, status with regard to public assistance, age, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any educational program or in employment, or recruitment, consideration, or selections; thereto, whether full-time or part-time under any education program or activity operated by the District for which it receives federal financial assistance.

Personal Information

Name:				Date of A ₁	pplication:	
	(last)	(first)	(mid)		. •	
Present Add	ress:					
	(street)	(cit	ty)	(state)	(zip)	
Permanent A	Address:					
	(street)	(cit	ty)	(state)	(zip)	
Summer Ad	dress:					
	(street)	(cit	ty)	(state)	(zip)	
Present Phor	ne:	Pe	ermanent Phone:			
FOR OFFI	CE USE ONLY:		Application Ro			
			Resume' Ro Credentials Ro			
Interviewed: (On by		Applicant N			
	On by On by		Board A _l Employme	pproval:		
	OII by		Employme	III Date		

Education	High S	School	Undergraduate College/University		Graduate/ Professional
School Name and Locat	on				
Years Completed					
Diploma/Degree					
State any additional information you feel ma helpful to us in consider your application	be ng				
INDICATE ANY	FOREIGN LAN	GUAGES Y	OU CAN SPEAK,	READ, AN	ND/OR WRITE
FI	UENT		GOOD	FAIR	
Speak					
Read					
Write					
References Give name, address, and 1. 2. 3. Military Ex Have you had job-relate If yes, specify: VETERANS' PREFER wish to claim Veterans'	Derience I training in the A ENCE: If you ar	rmed Forces	s of the United State or the spouse of a d	eceased or o	es No
district Superintendent. employment examinatio	If your claim is ap				
Do you wish to claim Vo	terans' Preference	e?		Y	es No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, or other protected status.

Employer	Dates Employed		Hourly Rate/Salary	
Address	From	То	Starting	Final
Telephone Number(s)				
Job Title	Supervisor			
Description of Work Performed				
Reason for Leaving				
Employer	Dates E	mployed	Hourly Ra	te/Salary
Address	From	То	Starting	Final
Telephone Number(s)			'	
Job Title	Supervisor			
Description of Work Performed				
Reason for Leaving				
Employer	Dates Employed		Hourly Rate/Salary	
Address	From	То	Starting	Final
Telephone Number(s)			-	
Job Title	Supervisor			
Description of Work Performed				
Reason for Leaving				

Complete the section that pertains to the position for which you are applying.

ssuing State:	License No.: License Classification: _		Expiration Date: _	
	Endorsements:			
Driving Experience:				
ype of Equipment	Dates of Operat		Total Mile	es of Operation
Bus traight Truck		To To		
ractor/Trailer		To		
ther	From	To		
ccident Record for the				
Data		of Accident , rear-end, etc.	No. of <u>Injuries</u>	No. of <u>Fatalities</u>
ast Accident	or Accident (nead-on	, Tear-end, etc.	<u>injuries</u>	<u>Fatanties</u>
Next Previous				
Next Previous				
<u> raffic Convictions & Fo</u> <u>cocation (City/State)</u>	orfeitures for the Past Three You Date Charge			ns)
cocation (City/State)	<u>Date</u> <u>Charg</u>	<u></u>	<u>Penalty</u>	
	/ Grounds / I			
Oo you have a low-pressur	re boiler license? Y	es (If so, attach a copy of yo	our license)	No
Oo you have a low-pressur Please check the followin Tloor Maintenance Equi	re boiler license? Y g that you have operated: pment: Scrubbers	es (If so, attach a copy of yo	our license)	
Oo you have a low-pressur Please check the followin Ploor Maintenance Equi Ground Care Equipmen	re boiler license? Y g that you have operated: pment: Scrubbers t: Heavy Equipment	es (If so, attach a copy of yo	our license)	
Do you have a low-pressur Please check the followin Ploor Maintenance Equi Ground Care Equipmen Snow Blowers	re boiler license? Y g that you have operated: pment: Scrubbers t: Heavy Equipment Riding Mowers	es (If so, attach a copy of yo Buffers Front End Loaders	our license)	
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Please check the following Please P	re boiler license? Y In that you have operated: In the properties of the propertie	es (If so, attach a copy of your Buffers Front End Loaders Push Mowers Yes	we/Dry Vacuu Dump Trucks Tractors No	ums
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Food Service	
Do you have experience as a cook for la	rge groups?
What type of work are you interested in?	Full-Time
	Part-Time
	Substitute
List the types of food service equipment you	are familiar with:
Paraprofessional	
What type of work are you interested in?	Full-Time
	Part-Time
	Substitute
Please list any special abilities (artistic, mus	ical, etc.) you may possess:
Please state, as briefly as you can what you	believe is the role of a paraprofessional:
Applicant's State	ement
I certify that answers given herein are true	and complete to the best of my knowledge.
I authorize investigation of all statement employment decision.	ts contained in this application for employment as may be necessary in arriving at ar
	at this application for employment shall be considered active for a period of time not to t any applicant wishing to be considered for employment beyond this time period should be being accepted at this time.
	that false or misleading information given in may application or interview(s) may result in uired to abide by all rules and regulations of the employer.
Applicant's Signature	Deta
Applicant's Signature	Date