



Adrian Public School
 410 Indiana Ave, PO Box 40, Adrian, MN 56110-0040
 507/483-2266 Fax 507/483-2342

Application for Employment

Position Applying for: _____ Today's Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Telephone Number: _____ Cell Phone Number: _____

Social Security Number: _____

Person to Notify in case of Emergency: _____ Phone Number: _____

Date Available for Employment: _____

Can you, after employment, submit verification of your legal right to work in the United States? YES ___ NO ___

ARMED FORCES: YES ___ NO ___ BRANCH: _____

Date of Discharge: _____ Rank at Discharge: _____

Public Employee Retirement Association Number: _____

Have you ever been convicted of a crime other than a traffic violation? ___ Yes ___ No

If yes, please explain and what was the disposition of the case: _____

Conviction of a crime is NOT an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

If you are selected for the position, you will be asked questions relative to special requirements. Circle the special skills you have: boiler operator, carpenter skills, painting skills, cleaning, laundry, paraprofessional

What other additional education or training have you had that might relate to this position? _____

Education:

School	Address	Course of Study	Years Completed

Are you currently employed? _____ May we contact your employer: _____

Contact person & Telephone number: _____

May we contact you at work? ___ If so, Telephone Number: _____

References: Please give the names of three people not related to you, whom you have known at least one year.

Name	Phone Number	Years Acquainted
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Employment History: Please list complete employment history. Do not include dates for positions held more than 5 years ago. Start with your most current position.

Employer Name _____

Address: _____ Phone Number _____

Date of Employment: _____ to _____ Immediate Supervisor: _____

Position & Duties: _____

Reason for Leaving: _____

Employer Name _____

Address: _____ Phone Number _____

Date of Employment: _____ to _____ Immediate Supervisor: _____

Position & Duties: _____

Reason for Leaving: _____

Employer Name _____

Address: _____ Phone Number _____

Date of Employment: _____ to _____ Immediate Supervisor: _____

Position & Duties: _____

Reason for leaving: _____

1. Have you ever been involuntarily discharged or fired? YES _____ NO _____

If Yes, please explain: _____

2. In your previous work, what did you enjoy the most? _____

3. How do you prepare for a day's work? _____

4. Which is more important to you; to have a good supervisor or to have a good pay and benefits?

5. Please describe for us an excellent employee. _____

6. Why do you want to work for the Independent School District #511? _____

**EQUAL EMPLOYMENT OPPORTUNITY, REASONABLE, ACCOMMODATIONS
AND VETERAN'S PREFERENCE**

Independent School District #511's policy is to provide equal employment opportunity for all applicants and employees. Independent School District #511 does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, veteran status, sexual orientation, age or disability.

Are you able to perform the duties of the position for which you are applying, including regular attendance, with or without a reasonable accommodation? (If you need an explanation for the meaning of "reasonable accommodation," please contact Roger Graff, District Health and Safety Coordinator.) YES ___ NO ___

If you are a veteran or a spouse of a deceased or disabled veteran and wish to claim veteran's preference, you must present a legible photocopy of your DD214 to the Personnel Office. If your claim is approved, preference points will be applied to applicable law.

CONSENT TO RELEASE OF INFORMATION

I request, authorize and consent to the release of information to Independent School District #511, Adrian, MN regarding my previous employment and authorize all past employers or agent they may designate, to respond to verbal or written inquiries from Independent School District #511, regarding my employment record. I further request, authorize and consent to Independent School District #511 contacting the personal references identified in my application through verbal or written inquiries for purposes of confirming information contained in my application for employment as well as reliability, honesty, and potential tendency if any, to engage in any form of violence or other harmful, unsafe or threatening behavior. Finally, I request, authorize and consent to the release and disclosure of educational records from any and all public or private educational institutions that I have attended and to release information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past, or currently hold, to Independent School District #511.

In addition, I understand that if employed I am subject to Minnesota law regarding any intent to defraud workers' compensation. That statute states: Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.

CERTIFICATION

I have answered all questions to the best of my knowledge. I certify that the facts contained in this application form are true and complete to the best of my knowledge. I understand that if employed, any falsified statements, misrepresentations, or omission of facts on this application or any sporting documents such as the Child Support Disclosure Form and the Employment Eligibility Verification (Form I-9), regardless of when discovered to be false, misrepresented or omitted, shall be considered sufficient cause for my dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, 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 prior notice."

I understand that the 20th of each month is payday; and, if I have any additional time, the claim **must be submitted to payroll** by the 5th of each month.

Date

Signature