

**YELLOW MEDICINE EAST - ISD NO. 2190
EMPLOYMENT APPLICATION**

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Yellow Medicine East – ISD No. 2190 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 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 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 District may be unable to provide the necessary accommodations if you do not provide the information in Section V. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the 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: _____

IV. PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected.

V. PERSONAL DATA

Name (Last, First, Middle Initial): _____
Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

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

Have you previously worked for the District? Yes: _____ No: _____

If “yes”, position held/department: _____

If “yes”, under what name: _____

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

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

Have you been granted tenure in another Minnesota school district? Yes: _____ No: _____

If "yes", list the district name and number: _____

VI. WORK/VOLUNTEER EXPERIENCE

List all work experience, whether or not relevant to this position, and all relevant volunteer experience, with the most recent listed first

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates (mm/dd/yyyy) of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates (mm/dd/yyyy) of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates (mm/dd/yyyy) of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates (mm/dd/yyyy) of Employment/Experience: _____

Reason for Leaving: _____

Attach additional sheets if necessary.

VII. LICENSURE

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

Licensure Area and Number	Issued By	Date	Expiration

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

VIII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List the most recent first.

Name of School: _____
 Address: _____
 Degree/Diploma Received: _____
 Dates (mm/dd/yyyy) of Attendance: _____

Name of School: _____
 Address: _____
 Degree/Diploma Received: _____
 Dates (mm/dd/yyyy) of Attendance: _____

Name of School: _____
 Address: _____
 Degree/Diploma Received: _____
 Dates (mm/dd/yyyy) of Attendance: _____

Name of School: _____
 Address: _____
 Degree/Diploma Received: _____
 Dates (mm/dd/yyyy) of Attendance: _____

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

IX. ADVISING/COACHING

List/describe any enrichment or extracurricular activities you are qualified to advise or coach: _____

X. 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 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: _____
Title: _____
Address: _____
Phone Number: _____

Name of Reference: _____
Title: _____
Address: _____
Phone Number: _____

Name of Reference: _____
Title: _____
Address: _____
Phone Number: _____

XI. CRIMINAL BACKGROUND INFORMATION

The District will conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check the content of which is acceptable to the District, and formal approval by the appointing authority.

1. Have you ever been convicted of any of the following crimes? (child abuse crimes, murder, manslaughter, felony assault, felony assault against a minor, kidnapping, arson, criminal sexual assault or any prostitution related crimes)? Yes: _____ No: _____ Minn. Stat. 299C.60
2. Have you ever been convicted of a felony? Yes: _____ No: _____
3. Have you ever been convicted of a misdemeanor? Yes: _____ No: _____
4. Have you ever had disciplinary action taken against your teaching license in Minnesota or any other state as a result of a sexual misconduct or attempted sexual misconduct with a student?
Yes: _____ No: _____

If you answered “yes” to any of the above questions, please explain and include applicable date(s):

XII. 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.

XIII. PRIOR EMPLOYMENT

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 “yes”, identify the employer and describe the circumstances: _____

XIV. CERTIFICATION, ACKNOWLEDGMENT, 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 Yellow Medicine East School District.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval they the School Board or the appointing authority referenced in the job description and that until such approval that the Yellow Medicine East School District shall not be liable for any reliance on any oral or written offers of employment made to me.

I hereby release the Yellow Medicine East School 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.

Printed Name: _____ Date: _____

Signature: _____