



Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

IV. 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 most recent first.

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____ Date of Attendance: _____

Major/Minor: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____ Date of Attendance: _____

Major/Minor: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____ Date of Attendance: _____

Major/Minor: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____ Date of Attendance: _____

Major/Minor: _____

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

Special subjects qualified in: _____



Special areas you are qualified to coach/advisor: _____

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

All applicable licenses or certification must be received in the EMID District Office prior to employment commencing. 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.

(FOR TEACHING POSITION)

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 site? Yes _____ No _____

If yes, please explain the circumstance: _____

Where did you learn about this position (circle) EMID web site, MASA Jobs Online, Craigslist, St. Cloud State Career Center, University of MN Career Center, Newspaper, Friend, Staff Lounge, Other _____.

V. WORK/VOLUNTEER EXPERIENCE

List work and volunteer experience, most recent to be listed first (If necessary, add additional paper)

Employer Name: _____ **Phone #:** _____

Employee Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yy): _____

Reason for Leaving: _____

Employer Name: _____ **Phone #:** _____

Employee Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yy): _____

Reason for Leaving: _____

Employer Name: _____ **Phone #:** _____

Employee Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yy): _____

Reason for Leaving: _____



VI. UNEXCUSED ABSENCES FOR WORK

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? _____

PRIOR EMPLOYMENT

Have you ever been discharged, forced to resign from employment or resign as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were the claimant/plaintiff?

Yes _____ No _____

If so, identify the employer and describe the circumstances: _____

VII. CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted (or charged) with a misdemeanor or felony? Yes _____ No _____

If yes, please explain the nature of the charge and the circumstances: _____

Were you convicted and/or did you plead guilty? _____

Give the date, city, state and county where convicted: _____

The EMID 6067 shall 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 from the BCA, the content of which is acceptable to EMID, and formal approval by the appointing authority.

NAME: _____

PREVIOUS NAME: _____

VIII. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the School District 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.

IX. 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 accommodation if you do not provide the information in Section I. 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.



X. 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 School 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 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 current and former employees, 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 School 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 School 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 School District and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said School District, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature of applicant: _____ Date: _____

If you are applying for a Teacher or Leader Position complete and attach the essay questions found on the employment website.

RETURN COMPLETED APPLICATION TO:

East Metro Integration District 6067
Human Resources
30 East County Road B
Maplewood, MN 55117

Telephone #: 651.379.2700
Fax #: 651.379.2590