



Empowering students to achieve their greatest potential in order to be positive contributors to their community.  
District 4097  
www.partnershipacademy.org

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## APPLICATION FOR EMPLOYMENT

*Partnership Academy is an Equal Opportunity Employer, and does not discriminate among applicants on the basis of race, color, national origin, gender, sexual orientation, marital status, religion, age, disability, veteran status or any other protected classification. We encourage applications from people of color and historically underrepresented groups.*

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**ANSWER ALL QUESTIONS – PRINT CLEARLY**

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### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you previously applied to work at Partnership Academy? Yes \_\_\_\_ No \_\_\_\_ If yes, dates(s): \_\_\_\_\_

Are you 18 years old or older? Yes \_\_\_\_ No \_\_\_\_

Can you provide proof of your identity and authorization to work in the USA? Yes \_\_\_\_ No \_\_\_\_

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### EMPLOYMENT DESIRED

Position(s) Applying For: \_\_\_\_\_

Number of years with relevant experience: \_\_\_\_\_ Type of work sought: Full-time \_\_\_\_ Part-time \_\_\_\_

Are there any restrictions on the hours or days that you can work? Yes \_\_\_\_ No \_\_\_\_

Desired Pay: \$ \_\_\_\_\_ Date you can begin: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you previously been employed by Partnership Academy? Yes \_\_\_\_ No \_\_\_\_

If yes, what were the dates of your employment? Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Were you referred by a Partnership Academy employee? Yes \_\_\_\_ No \_\_\_\_

If so, by whom and in what capacity do you know him/her? \_\_\_\_\_

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**EDUCATION INFORMATION**

High School: \_\_\_\_\_  
Name & Location # Years completed Did you graduate? Diploma / Degree

Undergraduate: \_\_\_\_\_  
Name & Location # Years completed Did you graduate? Diploma / Degree

Graduate: \_\_\_\_\_  
Name & Location # Years completed Did you graduate? Diploma / Degree

Post-Graduate: \_\_\_\_\_  
Name & Location # Years completed Did you graduate? Diploma / Degree

Have you received any other educational training? No \_\_\_\_\_ Yes \_\_\_\_\_ Please identify: \_\_\_\_\_

Have you received any additional licenses or certifications? No \_\_\_\_\_ Yes \_\_\_\_\_ Please identify: \_\_\_\_\_

Are you in the process of completing any degree, certification, and/or licensure? No \_\_\_\_\_ Yes \_\_\_\_\_ Please identify: \_\_\_\_\_

If you are applying for a teaching position, what is your MN File Folder number? \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Organization Name: \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

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Organization Name: \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

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**EMPLOYMENT HISTORY CONTINUED**

Organization Name: \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Describe your work: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Describe your work: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

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**BACKGROUND INFORMATION**

Yes \_\_\_ No \_\_\_ Have you ever been convicted of a crime?

*For purposes of this question, the term "crime" includes a misdemeanor, a gross misdemeanor, a felony, or a charge that resulted in a stay of imposition of sentence. (DWIs and DUIs are included in this definition and should be disclosed.) (DO NOT INCLUDE PETTY MISDEMEANORS.) The term "conviction" includes a finding of guilty by a jury or judge, an admission of guilt or plea of guilty, or any "no contest" or Alford plea (a plea without an admission of guilt). You are considered convicted whether the sentence is stayed or executed. If your criminal conviction has been expunged by a court, you must still answer "YES" to this question, unless the Court Order issuing the expungement specifically states that you do not have to disclose your conviction.*

Yes \_\_\_ No \_\_\_ Have you ever been referred to a pre-trial diversion program after being arrested?

Yes \_\_\_ No \_\_\_ Have you ever had an education or other occupational license revoked, suspended, or denied in Minnesota or in any other state?

Yes \_\_\_ No \_\_\_ Have you ever voluntarily surrendered an education or other occupational license?

Yes \_\_\_ No \_\_\_ Is disciplinary action against your teaching, administrative, or other occupational license currently pending in another state?

Yes \_\_\_ No \_\_\_ Have you ever resigned from or otherwise left any employment after allegations of misconduct were made against you or when an investigation into those allegations was pending?

Yes \_\_\_ No \_\_\_ Have you or a school district in which you were employed ever been a party to a civil settlement, award or agreement of any kind that involved an allegation that involved your sexual conduct?

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**APPLICANT'S AUTHORIZATION AND ACKNOWLEDGEMENT OF CONDITIONS**

*Please read and initial the following terms and conditions that govern employment at Partnership Academy.*

\_\_\_ **TRUTHFULNESS OF APPLICATION INFORMATION:** All the information provided by me in support of my application for employment is true and complete. I understand that any false information, misrepresentation, or material omission may result my removal from the application process, withdrawal of job offer or in the event I am hired by Partnership Academy as a result of this application process, immediate termination of my employment.

\_\_\_ **AUTHORIZATION OF DISCLOSURES:** Partnership Academy may verify all information about this application. I authorize all individuals and organizations named in this application to provide verification information, including their opinions about me and my performance. I further authorize them to release any information from my personal record, including prior disciplinary record, to Partnership Academy without any written notice to me of that disclosure. This release does not include release of any medical information. I release Partnership Academy and these individuals and organizations from any liability that may result from the verification process or the disclosure of my personnel record.

\_\_\_ I waive any claims based on any of these inquiries and disclosures. I also release Partnership Academy from any liability based on the inquiries and disclosure.

\_\_\_ **ACCOMMODATION OF DISABILITIES:** I understand that Partnership Academy will provide applicants and employees with a disability with reasonable accommodation, as required by law.

\_\_\_ **EXPIRATION OF APPLICATION:** This application will be null and void after six months.

\_\_\_\_ **AT-WILL EMPLOYMENT:** If hired, I agree: 1. Partnership Academy may terminate my employment at its will for any reason or no reason, with or without cause, at any time, with or without advance notice or warning, and its decision is not subject to outside review, except as may be provided by applicable statute. 2. No employee, manager, executive, or other representative of Partnership Academy, other than the Executive Director and Board Chair, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment. 3. No other oral or written statement, policy, or practice can change the at-will nature of my employment. My acceptance of employment as an at-will employee would supersede and negate any prior statements or agreements, oral or written, that Partnership Academy would employ me on other than an at-will basis or for other than an indefinite term.

\_\_\_\_ **DOCUMENTATION AND CERTIFICATION OF AUTHORIZATION TO WORK IN USA:** I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents required by the Immigration Reform and Control Act of 1986 proving both my identity and authorization to work in the United States, and that failure to produce the documents will result in revocation of the offer or the termination of employment.

\_\_\_\_ I understand that the authorizations and acknowledgements above state terms and conditions governing my employment with Partnership Academy and that my signature below indicates that I have read the terms and conditions stated above and accept them

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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305 East 77<sup>th</sup> Street  
Richfield, MN 55423

612-866-3630 (Office)  
612-866-3640 (Fax)

Partnership Academy's vision is to be an innovative school that prepares students for a successful future.