

Warren/Alvarado/Oslo Schools

District No. 2176
224 E. Bridge Ave.
Warren, MN 56762

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, status with regard to public assistance, sexual orientation or any other status protected by law.

APPLICATION FOR LICENSED EMPLOYMENT

INSTRUCTIONS:

1. Only applicants with a minimum of a Bachelor's Degree can be considered for full-time employment unless otherwise noted on job posting.
2. The accuracy and completeness with which this application is filled out will be factors in the consideration of the applicant for a position.
3. Each applicant, in addition to completing this application, must furnish a set of placement credentials from the university where he/she graduated. (Credentials must be up-to-date, including references from student teaching and all teaching positions applicant has held.)
4. The application form and credentials must be on file in our office before the initial interview.
5. You must be eligible for a Minnesota Teaching License to be considered. If you already have a Minnesota Teaching License, please enclose a photocopy.
6. If you have not already done so, submit a letter of application indicating why you feel you are a strong candidate for the position and include a personal resumé.

Name: _____ Date of Application: _____

Address: _____ Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Military Service: Have you served in the armed services? Yes No Branch of Service _____

Rank at Discharge _____

Do you have military experiences, which were pertinent to the position for which you are applying? If so, please describe:

Have You Ever Been Convicted Of A Felony? YES NO

Nature Of Offense _____ Date _____

(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.)

Are You A U.S. Citizen? Yes No If no, do you have a work permit? Yes No

Proof of citizenship or immigration status will be required upon employment.

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____

Each time you apply for a position, you must send a new letter of application. Applications are kept on file for a period of twelve months. You may use your resume to supplement this summary; however, please complete the entire application.

Have ever been employed with us before? Yes No

If yes, give dates and position: From _____ to _____ Position: _____

Would You Consider Part-time Work Yes No

Would You Consider Substitute Work Yes No

EDUCATION

Attended	Name and Location	# of Years Completed	Degree	Majors	Minor
High School					
Undergraduate					
Graduate					
Other					

UNDERGRADUATE GPA: _____

GRADUATE GPA: _____

GRADUATE CREDITS BEYOND THE BACHELOR DEGREE: (Please list in semester credits. To convert quarter to semester, divide the number of quarter credits by 1.5.)

MY PREPARATION BEST FITS:

BS/BA BS/BA+10 BS/BA+20 BS/BA+30 BS/BA+40 BS/BA+50
 MS MS/MA+10 MS/MA +20 MS/MA +30 MS/MA +40 BS/BA+50

DESCRIBE THE MINNESOTA TEACHING LICENSE YOU NOW HOLD, IF ANY:

Student Level	Scope	Function Description	Expiration Date

DATA REGARDING STUDENT TEACHING:

(Persons with three years or more of teaching experience need not complete this portion.)

City & School in Which Student Teaching Was Done	Name of Cooperation Teacher	Grades or Subjects Taught	Number of Months

COLLEGE SUPERVISOR(S) NAME AND ADDRESS:

(Persons with three years or more of teaching experience need not complete this portion.)

TEACHING EXPERIENCE: (In reverse chronological order, last position first)

Name and Location of School System	Dates	Position Held	Years of Experience	Reasons for Leaving

EXTRACURRICULAR ACTIVITIES FOR WHICH YOU ARE LICENSED OR ARE WILLING TO SUPERVISE:

- | | | | |
|--|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Speech | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Mock Trial | <input type="checkbox"/> Instrumental |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Knowledge Bowl | <input type="checkbox"/> Choral |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Golf | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Math Team |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Tennis | <input type="checkbox"/> Debate | <input type="checkbox"/> Close-Up |
| <input type="checkbox"/> Track | <input type="checkbox"/> Baseball | <input type="checkbox"/> Citizen's Bee | <input type="checkbox"/> Other _____ |

OTHER PROFESSIONAL OR NON-TEACHING EXPERIENCE:

Employer	Date	Type of Work	Supervisor	Reason for Leaving

List any hobbies, honors received, or extracurricular activities in which you have participated: _____

REFERENCES: List five professional references whom we may contact. We are especially interested in the names of people who have observed your work in the classroom.

Experienced Teachers must include the names of administrators who have knowledge of your teaching, even if they are included in the credentials.

Beginning Teachers must include the names of the cooperation teaching, college supervisor, and professor in your teaching field, even if they are included in credentials.

NAME AND OCCUPATION

ADDRESS

PHONE NUMBER

1. _____
2. _____
3. _____
4. _____
5. _____

Periodically it is necessary to modify curriculum to accommodate a student with special needs. Please explain your position on this issue and give an example of an appropriate modification. _____

Frequently teachers are required to participate on various educational committees. How do you perceive yourself as a "team member" and/or working as a responsible individual? _____

Describe your style in dealing with conflict resolution. _____

If invited for an interview, allow at least two hours or more for the visit. Personal interviews are required before final consideration can be given an applicant.

School Boards are prohibited by Minnesota law from compensating unlicensed professional personnel. IT IS THE RESPONSIBILITY OF THE APPLICANT TO HAVE APPROPRIATE LICENSURE.

STATEMENT AND SIGNATURE

Warren/Alvarado/Oslo School District 2176 operates under a smoke/tobacco free environment. Use of tobacco products in the school buildings is prohibited. Your signature below indicates your knowledge of this policy and willingness to abide by it.

The statements made and information given in this application, are, to the best of my knowledge, true, accurate and complete. I understand they are subject to verification by the Warren/Alvarado/Oslo Schools and hereby give permission for such verification. I further understand that if I have made any false or misleading representation in this application, I will not be hired. If any false or misleading representations are discovered after I have been hired, I understand my employment may be terminated. I give my permission to communicate with past employers and personal references.

DATE: _____ APPLICANTS SIGNATURE: _____

**PLEASE SEND APPLICATION, PERSONAL RESUME, PLACEMENT CREDENTIALS,
COLLEGE TRANSCRIPTS, AND A COPY OF CURRENT TEACHING CERTIFICATE TO:**

**Personnel Department
Warren/Alvarado/Oslo Schools
224 East Bridge Ave
Warren, MN 56762
218-745-5393**

DATA PRIVACY NOTICE

The information requested on this application may 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 to 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 accommodations if you do not provide the requested information. 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.

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

If yes, please describe the type of accommodation requested: _____

PRIOR EMPLOYMENT

Have you ever been discharged for forced to resign from prior employment? _____ Yes _____ No

If so, describe the circumstances: _____

List all other names under which you have been employed or under which your educational records may be found.

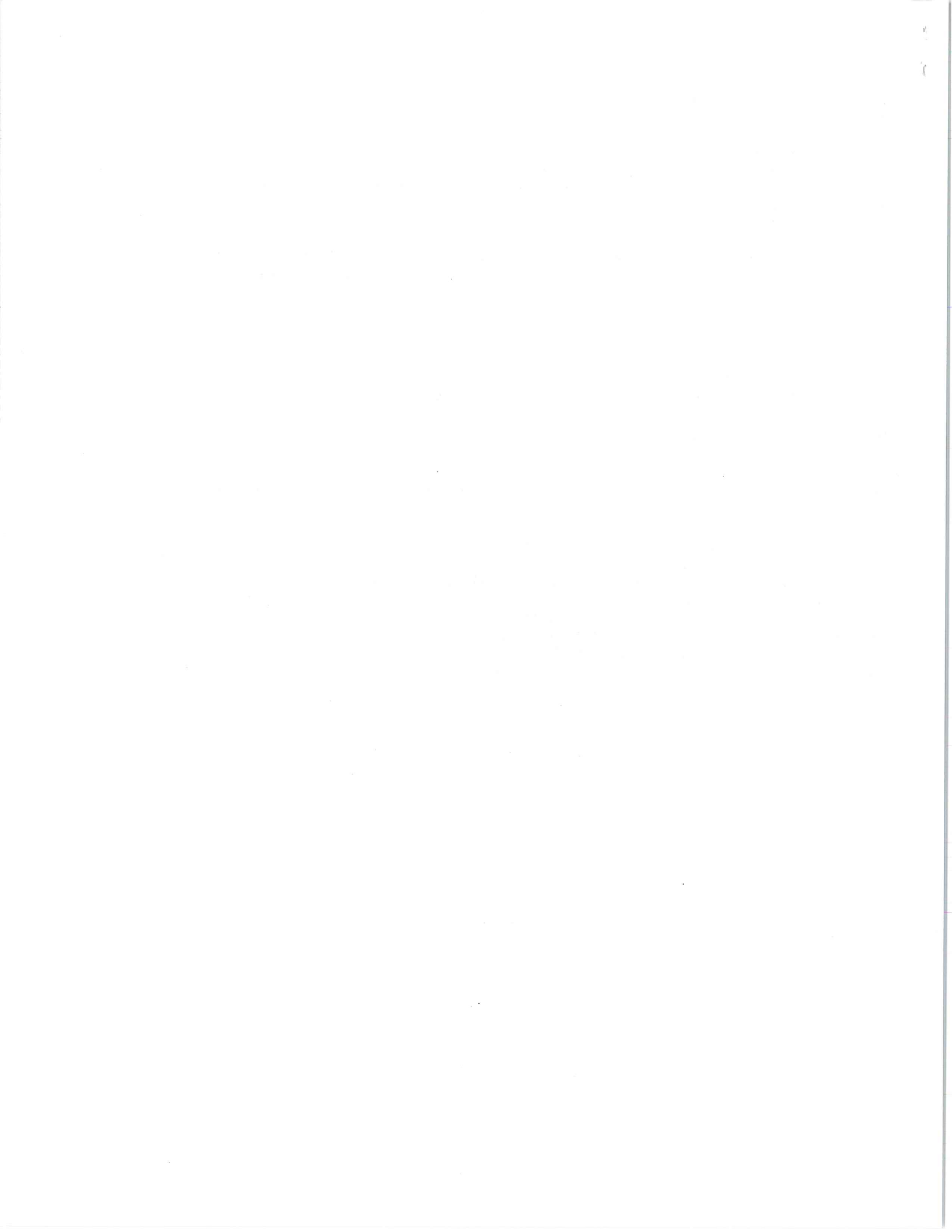
CERTIFICATION, ACKNOWLEDGEMENT AND RELEASE

In connection with this application I hereby authorize any and all former employers and references named in this application, or any agent of such a former employer, to release to Independent School District No. 2176 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 Independent School District No. 2176 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 Independent School District No. 2176 and all former employers and references listed herein and any and all agents acting on behalf of said District, former employers or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Name: _____
(Please Print)

Signature: _____
(Do Not Print)

Date: _____



Employee*



The McDowell Agency, Inc.
1101 North Snelling Avenue
St. Paul, Minnesota 55108
Telephone: (651) 644-3880
Toll Free: (877) 644-3880
Fax: (651) 644-3877

DISCLOSURE AND AUTHORIZATION

[IMPORTANT—PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As part of the employment process, THE MCDOWELL AGENCY, INC. who is a vendor or service provider and its client [redacted] may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained regarding applicants for employment is an investigation into your education and/or employment history conducted by THE MCDOWELL AGENCY, INC., 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, <http://www.mcdowellagency.com>. The scope of this notice and authorization is all-encompassing, however, allowing the Company and Sponsor to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company and Sponsor at any time after receipt of this authorization and throughout my employment if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by THE MCDOWELL AGENCY, 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, <http://www.mcdowellagency.com>, another outside organization acting on behalf of the company, and/or the Company itself. THE MCDOWELL AGENCY Privacy Policy: <http://mcdowellagency.com/resources/frequently-asked-questions/>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. If you did not receive Article 23-A, please contact us or visit: <https://www.labor.ny.gov/formsdocs/wp/correction-law-article-23a.pdf>

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Employer please note: If a Minnesota or Oklahoma checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), you must provide the individual a copy of their report. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you must provide the individual with a copy of their consumer report, unless you have made prior arrangements for THE MCDOWELL AGENCY to do so on your behalf.

By signing below, I acknowledge that I have read and understand the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES above.

Signature

Date (mm/dd/yyyy)

APPLICANT/CONSUMER INFORMATION

Please print legibly. This information will be used for background screening purposes only and will not be used as hiring criteria.

Last Name

First

Middle

Other Names/Aliases

Date of Birth (mm/dd/yyyy)

Social Security Number

Driver's License Number

State Issued

Phone Number

Current Street Address

Current County

Current City

Current State

Current Zip

Please list all previous addresses within the last seven (7) years: (attach a separate sheet if necessary)

Street Address

City/State/Zip

County

Dates of Residence

Street Address

City/State/Zip

County

Dates of Residence

Street Address

City/State/Zip

County

Dates of Residence

Street Address

City/State/Zip

County

Dates of Residence

The above information is true and correct to the best of my knowledge. By signing below, I give The McDowell Agency, Inc. permission to perform an investigation into my background. If hired, this authorization is valid for the duration of my employment.

Signature

Date (mm/dd/yyyy)