# **RUSHFORD-PETERSON SCHOOLS** EMPLOYMENT APPLICATION FOR LICENSED POSITION

Position for which you are applying: \_\_\_\_\_

Last Name	First Name	Middle
Present Address	(Street, City, State & Zip Code)	Telephone
Permanent Mailing Address	(Street, City, State & Zip Code)	Email address

Thank you for your interest in employment in Rushford-Peterson Schools. District 239 is an equal opportunity employer. Selection of applicants will be made without reference to race, creed, color, religion, sex, age, national origin, disability, economic, or marital status.

In accordance with Minnesota Statute, the following information is considered public data: veteran status, job history, education and training, and work availability. Applicant names are considered private data until such time as an applicant is considered a finalist or is invited for an interview for public employment. Should you become an employee of Rushford-Peterson Schools, this application will become a part of district personnel records and, as such, will be subject to all uses and restrictions consistent with the Minnesota Government Data Privacy Act.

Data provided on your application will be reviewed by various personnel within Rushford-Peterson Schools to fully assess your qualifications as a candidate for employment.

#### **GENERAL INFORMATION**

1.	Have you been employed by Rushford-Peterson Schools before?
	YesNo If so, when?
2.	Are you legally eligible for employment in the United States? Yes No
3.	Are you a veteran as defined in Minnesota Statute 197.447? Yes No
4.	Have you ever been convicted of a felony or been convicted of a lesser charge in which the conviction was not annulled or expunged according to law or was a misdemeanor charge for which no jail sentence has been imposed?
	Yes No If yes, explain
5.	Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or

5. Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? Yes No

6. Have you ever been terminated from employment or resigned by request of the employer or by mutual consent for the cause of alleged misconduct, alleged unsatisfactory performance, or alleged improper or illegal acts?

YesN	lo	If yes, Employer/Location:
		Name/Title of Supervisor:

7. Are any criminal charges or proceedings pending against you?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, explain \_\_\_\_\_\_

#### EDUCATIONAL BACKGROUND: (Please complete entire section)

	Name/Location of School	Major	Minor	Degree (e.g. BA/MA)	Date of Degree
High School					Ĩ
College/University					
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		15 Alexandre and a second seco	<u> </u>		
Graduate Work		- TM			
		- 43	A SI		

What type of teaching certificate do you hold?

Expiration date: \_\_\_\_\_ Certificate file folder number: \_\_\_\_\_

List the subject(s) or grade(s) specifically stated in your certificate:

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Minnesota Teachers Retirement Association Number:

#### Circle/highlight any of the following activities you would be willing to successfully direct:

Clubs	Cheerleading	Drama	Football	Basketball	Baseball
Track	Golf	Wrestling	Dance Team	Prom	Yearbook
Softball	Student Council	Speech	Volleyball	Cross Country	Soccer

### **TEACHING EXPERIENCE:**

Please list your current or most recent employer first:

. E	Employer:			
N	Sumber of Years Employed:			
Т	Sype of Experience:			
А	Address:			
С	City:		State:	Zip Code:
P	hone: ()	Beginning Salary:		Ending Salary:
S	upervisor:			
W	Vhy did you leave?			
2. E	Employer:			
N	Sumber of Years Employed:			
Т	Sype of Experience:			
А	Address:			
С	City:		State:	Zip Code:
	hone: ()			
S	upervisor:	4	1	
W	Vhy did you leave?	AT_\$	·	
. E	Employer:	2 <u>Z</u> AAA	[	
Ν	Sumber of Years Employed:	- Start		
Т	'ype of Experience:			
А	Address:			
С	City:		State:	Zip Code:
P	'hone: ()	Beginning Salary:		Ending Salary:
S	upervisor:			
W	Vhy did you leave?			

### **OTHER EXPERIENCE:**

(You may include volunteer and military service)

Name of Employer:	 
Location:	 
Type of Work:	 
Number of Years Employed:	

**REFERENCES:** List three professional references who have knowledge of your work qualifications. Do not list personal references.

Name	Title/Position	Address	Telephone

### **INFORMED CONSENT**

Independent School District 239 1000 Pine Meadows Lane PO Box 627 Rushford, MN 55971 507-864-7785

Date:

I hereby authorize the Rushford-Peterson School District and/or their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, education history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original.

Printed Full Name of Applicant:

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

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

## **APPLICANT'S STATEMENT**

I certify that the answers I have given on this application and other documents related to my application for employment 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 it has been formally approved by the School Board and that until such approval occurs the School District shall not be liable for my reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all of my current and former employers, 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 of my current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said School District, current and 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