

NYM Public School ISD #553  
209 Hayes Street  
P.O. Box 218  
New York Mills, MN 56567

## New York Mills ISD #553 Employment Application

Working for Independent School District #553 carries a special obligation. The education of our students depends on how well each person does their particular job. Our employees are necessary in maintaining a quality educational system, no matter what their position.

We are always interested in sincere, dedicated people. If you are interested in working with us, please complete this application and return it to the District Office.

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Job Applying For:** \_\_\_\_\_

### 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 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 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.

FOR OFFICE USE ONLY Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_

ROUTE TO: \_\_\_\_\_

**PHYSICAL ABILITY:**

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation? (Please refer to the job description.) \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have any special needs which may necessitate accommodations in the application/interview process? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please describe the type of accommodations requested: \_\_\_\_\_

**CITIZENSHIP AND PAST I.S.D. #553 EMPLOYMENT:**

Are you either a U.S. citizen or legally eligible to hold employment in the U. S.? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you previously worked for I.S.D. #553? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, position held: \_\_\_\_\_

If yes, under what name may your previous employment records be found? \_\_\_\_\_

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

**PRIOR EMPLOYMENT/VOLUNTEER HISTORY:** List all experiences, most recent first.

Have you ever been discharged or forced to resign from prior employment? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, describe the circumstances: \_\_\_\_\_

1. Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Dates of Employment/Experience: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Dates of Employment/Experience: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Dates of Employment/Experience: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Dates of Employment/Experience: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EDUCATION HISTORY:** Include high school and any additional education/courses. List most recent first.

- 1. Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_
- 2. Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_
- 3. Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

**REFERENCES:**

These should be people in a position to discuss your qualifications for this position. Include especially managers, or heads of departments, under whom you have worked. Note any who are related to you.

- 1. Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_
- 2. Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_
- 3. Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**TEACHING & LICENSED MANAGEMENT POSITIONS- (only)**

Minnesota Teaching License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Areas and Grades of Licensure: \_\_\_\_\_  
Extra Curricular areas that you would assist in: \_\_\_\_\_

**ADDITIONAL DOCUMENTS REQUIRED** \*LETTER OF APPLICATION \*RESUME \*COLLEGE CREDENTIALS & TRANSCRIPT \* COPY OF CURRENT LICENSE

**BUS DRIVERS- (only)**

Drivers License Number: \_\_\_\_\_ (CDL with school bus & air brake endorsements required)  
Driving Experience: \_\_\_\_\_  
Release: I hereby authorize District 553 to secure my driver's record report from the state records.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOOD SERVICE Cooks and Kitchen Helpers- (only)**

Cooking Experience \_\_\_\_\_  
Cafeteria or Restaurant Experience \_\_\_\_\_

**CLERICAL, BOOKKEEPING, AND ACCOUNTING- (only)**

Computer Skills/ Experience with;

\_\_\_ Word Processing Program- \_\_\_\_\_  
\_\_\_ Data Base Program- \_\_\_\_\_  
\_\_\_ Spreadsheet Program- \_\_\_\_\_

**BUILDING CUSTODIAN/MAINTENANCE AND CLEANING- (only)**

Boiler License #: \_\_\_\_\_ Boiler Class: \_\_\_\_\_ Years Boiler Experience: \_\_\_\_\_

Carpentry Experience: \_\_\_\_\_

Electrical Experience: \_\_\_\_\_

Mechanical Experience: \_\_\_\_\_

Heating & Cooling Systems: \_\_\_\_\_

**PARA PROFESSIONALS/ASSISTANTS- (only)**

Two Year degree or higher: \_\_\_\_\_

Computer Skills/Experience with:

\_\_\_ Word Processing Program- \_\_\_\_\_  
\_\_\_ Data Base Program- \_\_\_\_\_  
\_\_\_ Spreadsheet Program- \_\_\_\_\_

**AUTHORIZATION AND RELEASE:**

I hereby authorize any and all current and former employers and references that I have provided in my application to release to New York Mills Public Schools, ISD #553, and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking. I acknowledge that providing false, inaccurate or incomplete information on this form shall be considered misconduct and may subject me to termination of my employment, if any, with the School District.

Veteran's Preference: If you are a veteran or a spouse of a deceased or disabled veteran and wish to claim veteran's preference, you must present a legible copy of your DD214 along with the application. If your claim is approved, five or ten additional points will be added to your final screening score. \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby acknowledge that any conditional job offer may be withdrawn or my employment terminated based on the results of a criminal background check, which are unacceptable to the School District, whether or not I have begun to perform services for the School District. I hereby specifically waive any rights I may have to a hearing on the issue of the termination of my employment with the School District under the Veterans Preference Act (Minn. Stat. § 197.46), the Continuing Contract Law (Minn. Stat. § 122A.40) or any other statute or contract or to any contractual right to employment with the School District if the termination is based upon the results of either the state or federal criminal background check and occurs within thirty (30) days of the School District's receipt of the results of the check.

I hereby release ISD #553 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.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

All applicants will receive consideration for employment without regard to race, color, religion, creed, sex, age, national origin, marital status, status with regard to public assistance, disability, or sexual orientation.