



Heron Lake-Okabena ISD #330
APPLICATION FOR EMPLOYMENT
124 N. Minnesota Ave. Okabena, MN 56161
Phone: 507-853-4507 Fax: 507-853-4642

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Heron Lake-Okabena ISD #330 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.

II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by Heron Lake-Okabena ISD #330 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 Heron Lake-Okabena ISD #330 being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, Heron Lake-Okabena ISD #330 may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside Heron Lake-Okabena ISD #330 without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. POSITION DESIRED

Title of position for which you are applying: _____
Date available to begin employment: _____ Salary Desired: _____

IV. PERSONAL DATA

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Are you either a U.S. Citizen or legally eligible to hold employment in the United States? Yes ___ No ___

Have you previously worked for ISD #330? Yes ___ No ___

If yes, position held/department _____ When? _____

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

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: _____

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

V. WORK/VOLUNTEER EXPERIENCE

List *all* work and volunteer experience, most recent to be listed first.

Employer Name/Address: _____

Supervisor Name/Telephone Number: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____ Salary: _____

Reason for Leaving: _____

Employer Name/Address: _____

Supervisor Name/Telephone Number: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____ Salary: _____

Reason for Leaving: _____

Employer Name/Address: _____

Supervisor Name/Telephone Number: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____ Salary: _____

Reason for Leaving: _____

VI. LICENSURE

List current licenses, registration or certificates relevant to the position for which you are applying.

License/No.	Issued By	Date	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All applicable licenses or certification must be received in the District 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.

Have you ever had a license suspended, revoked or has any other action been taken with respect to your license, either in Minnesota or any other state? Yes _____ No _____

If yes, please explain the circumstances:

VII. EDUCATION

High School (Include high school and/or institution issuing GED and any additional education/courses taken.)

Name of School: _____

Address of School: _____

Diploma Received or number of years completed: _____

College/University

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

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

VIII. REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include one supervisor under whom you have worked. Indicate any who are related to you. The Heron Lake-Okabena ISD #330 reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

IX. VETERAN STATUS (non-teaching positions only)

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes _____ No _____

Do you wish to claim Veteran's Preference Points? Yes _____ No _____

If you are a disabled veteran and wish to claim additional points, please check here. _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

X. 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: _____

XI. PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected:

XIII. UNEXCUSED ABSENCES FROM 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? _____

XIV. 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 Heron Lake-Okabena ISD #330.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Heron Lake-Okabena ISD #330 Board of Education and that until such approval that Heron Lake-Okabena ISD #330 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 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 Heron Lake-Okabena ISD #330 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 Heron Lake-Okabena ISD #330 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 Heron Lake-Okabena ISD #330 and all former employers, volunteer organizations or references listed herein and any and all agents acting on behalf of Heron Lake-Okabena ISD #330, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting of providing such information.

Date _____ Signature _____
(Do Not Print)