



Warren/Alvarado/Oslo Schools

District No. 2176
224 East Bridge Avenue
Warren, MN 56762
218.745.5393

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, martial 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.

Personal Information:

Printed Full Name		Phone Number	
Social Security Number		Date of Birth	
Physical Address	PO Box	State	Zip Code

Employment Information:

Position Desired	Available Start Date
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Are you a United State Citizen? Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you ever been employed with us before? Yes No

If yes, please give dates and position worked: _____

From _____ to _____

Would you consider Part-Time work? Yes No

Have you ever served in the armed services? Yes No

If Yes, please list:

Branch of Service	Rank at Discharge
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Do you have military experiences, which are pertinent to the position for which you are applying? If so, please describe: _____

Have you ever been convicted of a Felony? Yes No
If yes, are you able to briefly state the nature and date of the offense? _____

Conviction of a crime is not an automatic bar to employment. The district will consider the nature and the date of the offense, and the relationship between the offense and the position you are applying for.

Education History:

Attended	Name and Location	Years Completed	Degree	Majors	Minor
High School					
College					
Other					

Employment History:

Please give a completely accurate full-time and part-time employment record. Starting with most recent or present employer.

Employer Name:	Years Employed:	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled Hours:
Employer Address:		Supervisor Name and Telephone Number:	
Type of Experience:			
Reason for Leaving:			
Other:			

Employer Name:	Years Employed:	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled Hours:
Employer Address:		Supervisor Name and Telephone Number:	
Type of Experience:			
Reason for Leaving:			
Other:			

Employer Name:	Years Employed:	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled Hours:
Employer Address:		Supervisor Name and Telephone Number:	
Type of Experience:			
Reason for Leaving:			
Other:			

List any hobbies, special interests, etc.: _____

List any additional experience, certification, talents or skills you possess which would be applicable to the position for which you are applying: _____

Do you have any experience working with handicapped children or children with special needs? Yes No
 If yes, could you please provide an example? _____

Are you currently certified in:

- First Aide? Yes No
 CPR? Yes No
 WSI? Yes No

Do you have computer knowledge and/or experience? Yes No

If yes, are you experienced in any of the following:

- General Secretarial Skills? Yes No
 Receptionist Skills? Yes No
 Bookkeeping? Yes No
 Word Processing? Yes No
 Spreadsheets? Yes No
 Web page design/maintenance? Yes No

Personal References:

Name	Address	Phone Number	Relationship
1.			
2.			
3.			

Criminal Background Check

Under MN statues 123B.03, 171.321, and 171.3215 Minnesota Schools are required to conduct a criminal background check for all school employees before hire.

Data Privacy Notice

The information requested on this application may be used by the School District in determining suitability for employment for the position 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 me. However, failure to provide complete and accurate information may result in the School District being unable and 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.

Statement and Signature

Warren/Alvarado/Oslo ISD # 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 ISD and hereby give permission for such verification and questions about my employment history. 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, I understand my employment may be terminated. I further give my permission to allow Warren/Alvarado/Oslo ISD to communicate with past employers and personal references.

 Signature of Applicant Date

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THE MCDOWELL AGENCY, INC
background screening

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 **Warren/Alvarado/Oslo ISD #2176** 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) _____

Email address: _____