



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