



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, marital 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	# of 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: _____
