

Narren/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 Social Security Number			Phone Number Date of Birth			
Employment Information:						
Position Desired			Available Start Date			
Are you a United State Citizen? Proof of citizenship or immigration status wi	Yes ll be required upon em	No aployment.				
Have you ever been employed wit	h us before?	Yes	No			
If yes, please give dates and positi	on worked:					
From	to					
Would you consider Part-Time wo	ork? Yes	No				
Have you ever served in the armed If Yes, please list:	l services?	Yes	No			
Branch of Service				Rank at Discharge		
Do you have military experiences, please describe:				hich you are applying? If so,		
Have you ever been convicted of a If yes, are you able to briefly state	•	Yes ate of the of	No ffense?			

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

Employment H	listory:	,	•	<u>I</u>		,		
		te full-time and part-time em	plovment record.	Starting	with m	ost recent or present employe		
Employer Nai		Years Employed:	Full Time?	Yes	No	Scheduled Hours:		
			Part Time?	Yes	No			
Employer Ado	dress:		Supervisor Na	ame and	Telep	hone Number:		
Type of Exper	rience:							
Reason for Le	eaving:							
Other:								
Employer Nai	me:	Years Employed:	Full Time?	Yes	No	Scheduled Hours:		
			Part Time?	Yes	No			
Employer Ado	dress:	1	Supervisor Na	Supervisor Name and Telephone Number:				
Type of Exper	rience:		·					
Reason for Le	aving:							
Other:								
Employer Nar		Years Employed:	1			Scheduled Hours:		
Employer Nai	ne.	Tears Employeu.	Full Time?	Yes	No	Scheduled Hours.		
			Part Time?	Yes	No			
Employer Address:		Supervisor Name and Telephone Number:						
Type of Exper	ience:							
Reason for Le	eaving:							
Other:								
List any	hobbies, special in	nterests, etc.:						
	additional experiesh you are applying	ence, certification, talents or skil		h would	be appli	cable to the position		
TOT WITH	auto appiyiiig	g:						

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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 or BACKGROUND INVESTIGATION PURSU.	ANT TO CALIFORNIA LAW. Pleas	e check this box if y	ou would li	ke to receive a copy of an
investigative consumer report or consumer receive such a copy under California law.		obtained by the Co	mpany whe	enever you have a right to
Washington State applicants or employers summary of your rights and remedies under			consumer r	eporting agency a written
Employer please note: If a Minnesota or Oklaho the credit report (and you do request a credit re- full consumer report, and consumer resides in C prior arrangements for THE MCDOWELL AGEN	oma checks "YES" regarding the consu port), you must provide the individual a alifornia, you must provide the individu	imer report, or if a Cal a copy of their report.	If consumer	r checks "YES" regarding the
By signing below, I acknowledge that I have A SUMMARY OF YOUR RIGHTS UNDER OR EMPLOYEES above.				
Signature			Date (mm/d	d/yyyy)
Please print legibly. This information wil	APPLICANT/CONSUMER INFO I be used for background screening		will not be	used as hiring criteria.
Last Name	First		Middle	
Other Names/Aliases	Date of Birth (mm/do		th (mm/dd/yyyy)	
Social Security Number	Driver's License Number State Issued		Phone Number	
Current Street Address			Current Co	punty
Current City	Cur	rent State	Current Zip	
Please list all previous addresses within	the last seven (7) years: (attach a	separate sheet if nec	essary)	
Street Address	City/State/Zip	City/State/Zip Cou		Dates of Residence
Street Address	City/State/Zip	City/State/Zip Cou		Dates of Residence
Street Address	City/State/Zip Cou		inty	Dates of Residence
Street Address	City/State/Zip Cou		inty	Dates of Residence
The above information is true and correct to to perform an investigation into my background				
Signature			Date (mm/d	ld/yyyy)
Fmail address:				