



# 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.

**Please include with application: Personal Resume, Placement Credentials, College Transcripts, and a copy of current teaching certificate.**

## 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

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

Would you consider Substitute work?       Yes     No

Have you ever served in the armed services?       Yes     No

If Yes, please list:

_____	_____
Branch of Service	Rank at Discharge

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.*

Application for Licensed Applicants, Teachers, Long Term Substitutes, etc.

**Education History:**

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

Undergraduate GPA : \_\_\_\_\_

Graduate GPA: \_\_\_\_\_

Graduate credits beyond the bachelor degree: *Please list in semester credits – to convert quarter to semester, divide the number of quarter credits by 1.5*

**My preparation best fits:**

BS/BA <input type="checkbox"/>	BS/BA+10 <input type="checkbox"/>	BS/BA+20 <input type="checkbox"/>	BS/BA+30 <input type="checkbox"/>	BS/BA+40 <input type="checkbox"/>	BS/BA+50 <input type="checkbox"/>
MS <input type="checkbox"/>	MS/MA+10 <input type="checkbox"/>	MS/MA+20 <input type="checkbox"/>	MS/MA+30 <input type="checkbox"/>	MS/MA+40 <input type="checkbox"/>	BS/BA+50 <input type="checkbox"/>

**Describe the Teaching License you hold now, if any:**

Student Level	Scope	Function Description	Expiration Date

**Data Regarding Student Teaching:**

*Persons with three or more years of teaching experience need not complete this portion*

City and School where student teaching was done	Name of Cooperation Teacher	Grades or Subjects Taught	Number of Months

**College Supervisor(s) Name and Address:**

*Persons with three years or more of teaching experience need not complete this portion*

Name	Address

**Teaching Experience:**

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

<b>School Name:</b>	<b>Years Employed:</b>	<b>Position Held:</b>	<b>Years of Experience:</b>
<b>School Address:</b>		<b>Supervisor Name and Telephone Number:</b>	
<b>Type of Experience:</b>			
<b>Reason for Leaving:</b>			
<b>Other:</b>			

<b>School Name:</b>	<b>Years Employed:</b>	<b>Position Held:</b>	<b>Years of Experience:</b>
<b>School Address:</b>		<b>Supervisor Name and Telephone Number:</b>	
<b>Type of Experience:</b>			
<b>Reason for Leaving:</b>			
<b>Other:</b>			

<b>School Name:</b>	<b>Years Employed:</b>	<b>Position Held:</b>	<b>Years of Experience:</b>
<b>School Address:</b>		<b>Supervisor Name and Telephone Number:</b>	
<b>Type of Experience:</b>			
<b>Reason for Leaving:</b>			
<b>Other:</b>			

**Please check any extracurricular activities for which you are licensed or are willing to supervise:**

Football	Softball	Speech	Yearbook
Cross-Country	Volleyball	Mock Trial	Instrumental
Basketball	Knowledge Bowl	Choral	Wrestling
Golf	Dramatics	Math Team	Tennis
Debate	Track	Baseball	Softball
<b>Other:</b>			

**Other professional or non-teaching experience:**

Employer	Date	Type of Work	Supervisor	Reason for Leaving

List any hobbies, honors received, or extracurricular activities in which you participated:

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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? \_\_\_\_\_

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Periodically, it is necessary to modify curriculum to accommodate a student with special needs. Please explain your position on this, and give an example of an appropriate modification:

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Frequently teachers are required to participate on various educational committees. How do you perceive yourself as a "team member" and/or working as a responsible individual?

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Describe your style of managing conflict resolution:

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Are you currently certified in:

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

**Have you ever been discharged or forced to resign from prior employment?**  Yes  No

*If yes, please describe the circumstances:*

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**Please list all other names under which you have been employed or under which your educational records may be found:**

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**Personal References:** Please list Five (5) professional references whom we may contact. We are especially interested in the names of people who may have observed your work in the classroom. *Experienced teachers must include the names of administrators who have knowledge of your teaching. Beginning teachers must include the names of cooperation teaching, college supervisor, and profession in your teaching field. Even if they are included in credentials.*

Name	Address	Phone Number	Occupation
1.			
2.			
3.			
4.			
5.			

**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: \_\_\_\_\_

**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.

**Certification, Acknowledgement and Release**

In connection with this application I hereby authorize any and all former employers and references named in this application, or any agent of such a former employer, to release to Independent School District No. 2176 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 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 Independent School District No. 2176 and all former employers and references listed herein and any and all agents acting on behalf of said District, former employers or references, for any and all liability of whatever nature by reason of requesting or providing such information.

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Printed Name \_\_\_\_\_ 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)

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### 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: \_\_\_\_\_