

Personal Information:

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.

Printed Full Name			I	Phone Number
Social Security Number			I	Date of Birth
Physical Address	PO Box		State	Zip Code
Employment Information:				
Position Desired			Available	Start Date
Are you a United State Citizen? Proof of citizenship or immigration status will be	Yes required upon em	No pployment.		
Have you ever been employed with us	s before?	Yes	No	
If yes, please give dates and position v	worked:			
From to)			
Would you consider Part-Time work?	Yes	No		
Have you ever served in the armed ser If Yes, please list:	rvices?	Yes	No	
Branch of Service			I	Rank at Discharge
Do you have military experiences, wh please describe:				ch you are applying? If so
Have you ever been convicted of a Fe	lony?	Yes	No	

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					

Employer Address:		Part Time? Supervisor Na	Yes	No Telepi	hone Number:
Type of Experience:					
Reason for Leaving:					
Other:					
Employer Name:	Years Employed:	Full Time?	Yes	No	Scheduled Hours:
		Part Time?	Yes	No	
Employer Address:		Part Time?	Yes	No	hone Number:
Employer Address: Type of Experience:		Part Time?	Yes	No	hone Number:
Type of Experience: Reason for Leaving:		Part Time?	Yes	No	hone Number:
Type of Experience:		Part Time?	Yes	No	hone Number:
Type of Experience: Reason for Leaving:	Years Employed:	Part Time?	Yes	No	hone Number: Scheduled Hours:
Type of Experience: Reason for Leaving: Other:	Years Employed:	Part Time? Supervisor Na	Yes	No Telep	
Type of Experience: Reason for Leaving: Other:	Years Employed:	Part Time? Supervisor Na Full Time? Part Time?	Yes Ame and Yes Yes Yes	No Telep No No	
Type of Experience: Reason for Leaving: Other: Employer Name:	Years Employed:	Part Time? Supervisor Na Full Time? Part Time?	Yes Ame and Yes Yes Yes	No Telep No No	Scheduled Hours:
Type of Experience: Reason for Leaving: Other: Employer Name:	Years Employed:	Part Time? Supervisor Na Full Time? Part Time?	Yes Ame and Yes Yes Yes	No Telep No No	Scheduled Hours:
Type of Experience: Reason for Leaving: Other: Employer Name: Employer Address:	Years Employed:	Part Time? Supervisor Na Full Time? Part Time?	Yes Ame and Yes Yes Yes	No Telep No No	Scheduled Hours:

Do you have any physical limitations that would prohibit you from heavy lifting? Yes No
Do you have any physical limitations that would prohibit you from climbing or working from a ladder? Yes No
Do you have any experience working with commercial cleaning products or equipment outside your
own home? Yes No
Do you have a low pressure boiler license? Yes No
Have you ever operated heavy equipment, such as: front end loaders, dump trucks, riding/push mower, tractors,
snow blowers, etc.? Yes No
Do you have experience in working with table saws, electrical saws, miter saws, etc.? Yes No
Do you have any experience working with electrical? Yes No
Would you be willing to work nights? 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.

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Sign	nature of Applicant	Date	