

LYLE PUBLIC SCHOOL Application for Employment

It is the policy of INDEPENDENT SCHOOL DISTRICT NO. 497 to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

• DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the District in determining suitability for employment for the position which 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 time. However, failure to provide complete, accurate information may result in the District being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the District may be unable to provide the necessary accommodations if you do not provide the information in the "Personal Data" section below. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside the District without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

• PERSONAL DATA

Name __

Last	1 1130		Middle					
Address	City	State						
Felephone		rity Number	·					
Are you either a U.S. citizen or legally eligible to	o hold employm	ent in the United S	states?	Yes I	No			
Are you 18 years of age or older? Yes _	No							
List all other names under which you have been ecords may be found.		·						
• VETERAN STATUS Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points?Yes No								
POSITION DESIRED Fitle of position for which you are applying:					_			
icensed Non-Licensed								
Date available to begin employment:		Wage Desired: _			_			
Are you available for work: Full-time	Part-time	Temporary	Seasonal					

License/No.

• EDUCATION Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first. Name of School: Address of School: _____ Degree/Diploma Received: Major/Minor: Dates of Attendance: Name of School: _____ Address of School: _____ Degree/Diploma Received: Major/Minor_____ Dates of Attendance: _____ List/describe any other training and/or experience relevant to the position for which you are applying: LICENSURE List current licenses, registrations, or certificates relevant to the position for which you are applying.

All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

Date

Expiration

Issued by

• WORK/VOLUNTEER EXPERIENCE

List **all** work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

Employer Name:
Employer Address:
Phone number:
Job Title:
Job Duties:
Dates mm/dd/yyyy of Employment/Experience:
Reason for Leaving:
Employer Name:
Employer Address:
Phone number:
Job Title:
Job Duties:
Dates mm/dd/yyyy of Employment/Experience:
Reason for Leaving:
Employer Name:
Employer Address:
Phone number:
Job Title:
Job Duties:
Dates mm/dd/yyyy of Employment/Experience:
Reason for Leaving:
• CRIMINAL BACKGROUND INFORMATION
Have you ever been convicted (or charged) with a misdemeanor or a felony?
If yes, explain the nature of the charge and the circumstances.
Were you convicted and/or did you plead guilty?
Give the date, city, state and district where convicted:

	or forced to resign from prior employment, other than in relation to a human you were the claimant/plaintiff? Yes No escribe the circumstances:
• REFERENCES	
especially managers, directors, o related to you. The District reservinstitutions where you have volun Name of Reference:	tion to discuss your qualifications for the position you seek. Include r heads of departments under whom you have worked. Indicate any who are ves the right to contact all prior employers, educational institutions or teered, in addition to references listed below.
Phone Number	Title:
Name of Reference:	
Phone Number:	Title:
Name of Reference:	
Address:	
	Title:
• PERSONAL STATEMENT Please indicate why you are inter	ested in the position and what you hope to accomplish if selected.
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In accordance with Minnesota State Statutes, 123B.03 and 299C.62, Independent School District #500 will seek a criminal history background check from the Minnesota Bureau of Criminal Apprehension on applicants who receive an offer of employment with the school district.

All offers of employment will be contingent upon a determination that an applicant's criminal history does not preclude the applicant from employment with the school district.

CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the District.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the School Board or the appointing authority referenced in the job description and that until such approval the District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application. or any agent of such to release to the District 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, both public and private, in their possession. I understand that the District will use this 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 the District and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said District, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date	Signature _		
_	_	(Do Not Print)	

Lyle Public School Return to:

700 2nd St Lyle, MN 55953 507-325-2201

Fax: 507-325-4611