

Lake Crystal Wellcome Memorial Schools

Independent School District No. 2071

607 Knights Lane P.O. Box 160 Lake Crystal, MN 56055

Phone (507) 726-2323 Fax (507) 726-2334

www.isd2071.k12.mn.us



APPLICATION FOR EMPLOYMENT

ISD 2071 welcomes your interest in employment. Please feel free to call on us if we can assist you in the application process. Here are guidelines to completing your application.

I. Purpose/Personal Information

1. Read the job posting carefully to be sure you meet all the requirements.
2. **Type or print in ink.**
3. Your application must be completely filled out to be processed.
4. In accord with M.S 15.165, Independent School District 2071 hereby states that its purpose for collecting personal data are (1) to enable fulfillment of its obligations to employees, both potential and actual, in accord with state and federal laws; and (2) to enable proper, effective and efficient administrative and supervisory decisions concerning the welfare of the personnel and the school district.

Date: _____ **Position applying for:** ___Elementary___Secondary_____

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

Home Phone: _____ **Cell Phone:** _____

II. Veterans Preference

Are you applying for veterans preference bonus points? Yes ___ No ___ If yes, your DD221 or other documentation must be received no later than five (5) working days after the application deadline for the position.

III. Education

Level	Name & Location	Course of Study	# of years completed	Did you graduate?	Degree/Diploma Certificate Earned
High School				Yes ___ No ___ Year _____	
College/ Technical				Yes ___ No ___ Year _____	
Other				Yes ___ No ___ Year _____	

IV. Employment Skills

A. Technical Clerical Skills *(Please complete if applying for a position that will require clerical skills)*

1. Word Processing ☐ Yes ☐ No Typing WPM _____
2. Computer Literacy ☐ Yes ☐ No
- Hardware:
- PC ☐ Yes ☐ No
- Mac ☐ Yes ☐ No
- Software:
- Word-processing (WORD) ☐ Yes ☐ No
- Spreadsheet (Excel) ☐ Yes ☐ No
- Data-base (Access) ☐ Yes ☐ No
- Other (Be specific) _____
- _____
3. Bookkeeping/Accounting Skills ☐ Yes ☐ No
- UFARS ☐ Yes ☐ No
- Other (Be specific) _____
- _____

B. Experience Working Around Children and Adults

Many of our positions require the ability to work in an environment filled with young learners and teachers. Please answer the following questions:

1. Have you worked in a school building before? ☐ Yes ☐ No
- If yes, please describe your job and the place you worked. _____
- _____
2. List any training or course in which you have participated that has improved your ability to work with people. _____
- Describe the training _____
3. Please check the statements that best describe you on the job.
- | | |
|---|---|
| ☐ I like to work alone | ☐ I like to work on one project at a time |
| ☐ I like to work in a quiet place | ☐ I like to work in a place where there are few interruptions |
| ☐ I like being around children | ☐ I like to work on many projects at one time |
| ☐ I like working with people | ☐ I like working in a place where there are many people around |
| ☐ I like to work as part of a team | ☐ I don't mind interruptions to my work |
| ☐ I like being around adults | ☐ I like to talk with people at work |
| ☐ I like working with machines | |

V. Employment History. Please give accurate, complete, full-time and part-time employment history. Start with present or most recent employer. Please use the back of this page if you have more than three previous employers.

Employer Name	Phone
Address	Dates Employed From To
Supervisor's Name and Title	
Your Job Title	Reason for Leaving
Description of Duties	May We Contact Yes ☐ No ☐
Additional Information	

Employer Name	Phone
Address	Dates Employed From To
Supervisor's Name and Title	
Your Job Title	Reason for Leaving
Description of Duties	May We Contact Yes ☐ No ☐

Employer Name	Phone
Address	Dates Employed From To
Supervisor's Name and Title	
Your Job Title	Reason for Leaving
Description of Duties	May We Contact Yes ☐ No ☐

VI. References

List three (3) professional references. Do NOT list personal references.

1st Choice: List supervisors who have first-hand knowledge of your qualifications.

2nd Choice: List instructors/teachers or co-workers who have knowledge of your work qualifications.

Name	Title/Position	Address	Telephone
			()
			()
			()

VII. General Information

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes ___ No ___
(If yes, please explain below)

Are any criminal charges or proceedings pending against you? Yes ___ No ___ (If yes, please explain below)

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes ___ No ___ (If yes, please explain below)

CONSENT TO REQUEST FOR INFORMATION AND TO RELEASE DATA

I hereby authorize ISD 2071 School District to contact any or all previous employers, references, or other sources of data listed in this application or derived from it as the district deems reasonably necessary to arrive at any employment decision. My signature authorizes any of the above to release and provide ISD 2071 any and all requested data that the district requires to arrive at a decision regarding my employment.

I understand any false statements or misrepresentation of facts on this application are grounds for dismissal. I hereby certify that the statements are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

This file is considered active for the school year for which it is completed.

Mail applications to: ISD 2071 Business Office, PO Box 160, Lake Crystal, MN 56055.

Independent School District 2071 is an Equal Opportunity Employer.