Selfridge School District No. 8
210 2nd Ave S P.O. Box 45 Selfridge, ND 58568
Phone: 701-422-3353 Fax: 701-422-3348
selfridge.k12.nd.us

CERTIFIED APPLICATION FOR EMPLOYMENT

Position applying for: _____ Date of application: _____

PART I: PERSONAL INFORMATION

Name: _____ Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

Mailing (if different): _____ City, State, Zip: _____

Have you worked for us before? ☐ Yes ☐ No If so, when? Position held? _____

Do you have a legal right to be employed in the US? ☐ Yes ☐ No

Valid driver's license? ☐ Yes ☐ No

Valid North Dakota teaching certificate? ☐ Yes (please include a copy with this application) ☐ No

Have you ever been charged with or convicted of a felony or a crime at any level involving a minor child? ☐ Yes ☐ No
(*Charges and convictions will not necessarily disqualify an applicant for employment.*)
If yes, explain:_____

PART II: EDUCATION (please provide a copy of all post-secondary transcripts with this application, official transcripts will be required to be provided upon hire)

	Name of School, City, State	Course of Study	Degree	Date of Graduation
1:				
2:				
3:				

PART III: TEACHING EXPERIENCE (if only student teaching experience, please list supervising teacher as well)

	Name of School, City, State	Grades/Subjects	Dates
1:			
2:			
3:			

Total number of years of full-time experience: _____

PART IV: WORK EXPERIENCE (at least 2 years history)

Current Employer: _____ Phone: _____

Supervisor: _____ Beginning date: _____ to: _____

May we contact your current employer? ☐ Yes ☐ No

Reason for leaving: _____

Briefly describe work performed: _____

_____

_____

Employer 2: _____ Phone: _____

Supervisor: _____ Beginning date: _____ to: _____

May we contact this employer? ☐ Yes ☐ No

CONTINUED PART IV:

Reason for leaving: _____

Briefly describe work performed: _____

_____

_____

Employer 3: _____ Phone: _____

Supervisor: _____ Beginning date: _____ to: _____

May we contact this employer? ☐ Yes ☐ No

Reason for leaving: _____

Briefly describe work performed: _____

_____

_____

PART V: MILITARY/VETERANS PREFERENCE

Beginning date: _____ to: _____ Branch: _____

Do you claim Veterans Preference? ☐ No ☐ Yes- must attach DD-214, Report of Separation

Do you claim Disabled Veterans Preference? ☐ No ☐ Yes- must attach DD-214, Report of Separation and a letter less than one year old from the Veteran's Administration indicating disability

You must be a U.S. citizen at the time of application for employment; must meet the definition of a "veteran" under N.D.C.C. § 37-01-40 (1) or N.D.C.C. § 37-19.1-01 (9); and has not been released under other than dishonorable conditions. See NDCC 37-19.1. Applicants claiming veterans preference as an eligible spouse of a deceased veteran must provide a copy of the marriage certificate, form DD-214, and the veteran's death certificate. Applicants claiming veteran' preference as an eligible spouse of a disabled veteran must provide a copy of the marriage certification, form DD-214, and a letter less than one year old from the Veteran's Administration indicating disability.

PART VI: OTHER EXPERIENCE/TRAINING/LICENSES/CERTIFICATIONS

List any special qualifications relevant to the position for which you are applying and are not covered elsewhere in your application (such as technical skills and/or computer, childcare training, CPR, First Aid, etc.) For licenses and certificates, please include date and place of issuance, date of expiration and be able to present a copy of certification if requested.

_____

_____

PART VII: EXTRACURRICULAR INTERESTS

List any areas in which you have experience and/or ability to assist in an extracurricular program.

_____

_____

PART VIII: PHILOSOPHY OF EDUCATION

Please include a statement of not more than 500 words expressing your philosophy of education as it pertains to the position for which you are applying.

PART IX: PROFESSIONAL REFERENCES

Name: _____ Title: _____

Address: _____ Phone: _____

City, State: _____ Zip: _____

CONTINUED PART IX:

Name: _____ Title: _____

Address: _____ Phone: _____

City, State: _____ Zip: _____

PART X: AUTHORIZATION

"By signing or typing my name below, I certify that all facts contained in this application are true and complete to the best of my knowledge and understand and agree that any misstatement will be grounds for disqualification or dismissal from employment by Selfridge School District #8.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to include a background check and release the Selfridge School District # of any liability and any damage that may result from utilization of such information. I understand by providing information on this application that there are no contractual or implied agreement between me and Selfridge School District #8."

_____ _____

Applicant Signature Date

Complete and return application & all appropriate documents to:
Selfridge School District #8
210 2nd Ave S PO Box 45 Selfridge, ND 58568-0045

Selfridge School District #8 is committed to maintaining a learning and working environment free from discrimination and harassment in all employment and educational programs, activities, and facilities. The District prohibits discrimination and harassment based on a student's, parent's, guardian's, or employee's race, color, religion, sex, gender identity, national origin, ancestry, disability, age, or other status protected by law.