

# Employment Application Instructions

## General Information

- **IMPORTANT! You must complete all parts of the application.** Read the job announcement carefully before you apply. Announcements may contain special instructions and requirements.
- Submit a separate application for each job. Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable.
- We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted unless they are postmarked on or before the closing date of the job announcement.
- If your application is incomplete or does not clearly show the experience and/or training required, your application will be rejected.
- **Resumes may be submitted with the application but not in lieu of a completed application.**
- For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application form. **Be complete.**
- Your application and all attachments before the property of Independent School District No. 2342 and will not be returned. Keep a copy of your completed application form if necessary.
- You are welcome to submit an application whether or not there are any jobs available at the time. However, your application will only be kept for six (6) months and you must call the District Administrative Office to have your application considered for a specific position that is advertised.

## Important Facts About Information On Your Application

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies you may be considered for employment (to comply with M.S. § 13.43, Subd. 2). If you are employed, the data will be available to the Payroll Department, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the District Administration Office by letter.

Private Data	Why we ask for it?	Are you legally obligated to provide it?	What may happen if you don't provide it?
Social Security No.	To distinguish you from others and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure we do not confuse your records with those of others.
Name	To distinguish you from others.	Yes	Failure to provide information may be cause for rejecting application.
Address	To send mail regarding job.	Yes	Failure to provide information may be cause for rejecting application.
Home Phone	To enable us to contact you for interview.	No	We may not be able to employ you in certain jobs.

## Affirmative Action Information (Voluntary)

The information requested below will be used for statistical purposes only. It will evaluate our recruitment process in light of federal and state equal opportunity laws. Your cooperation is strictly voluntary. Your application will be reviewed whether or not you provide this information.

Date \_\_\_\_\_

Position \_\_\_\_\_

Social Security Number \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnic Identification: African American \_\_\_\_\_  
Native American \_\_\_\_\_

Asian or Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_  
Caucasian \_\_\_\_\_ Other \_\_\_\_\_

### Special Notice to Disabled Individuals:

If you are a disabled person, you are invited to volunteer information concerning any personal, physical or mental disability and your suggestions on how it may be accommodated.

Do you have a disability which substantially limits basic work activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Suggestions for reasonable accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Veteran's Preference Points Supplement (must be completed by all applicants)

### Veterans Preference Points Instructions:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statute § 43A.11. To be eligible for veteran's preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND  
NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award points without it.

You must supply a copy of your DD214. Disabled veterans must also apply supply Form PI-802 or an equivalent letter from a service retirement board. If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

Applicant's Full Name \_\_\_\_\_

Position Applying For \_\_\_\_\_

Are you applying for veteran's bonus points? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" you must complete the application on the next page. Your DD214 or other documentation must be received by the District Administration Office no later than seven (7) calendar days after the application deadline.

### Veteran's Preference Points Application

**Veteran:** Self \_\_\_\_\_ Spouse \_\_\_\_\_ If Spouse, veteran's name \_\_\_\_\_

**Branch of Service:** \_\_\_\_\_ **Period of Active Duty From** \_\_\_\_\_ **to** \_\_\_\_\_

**Rank at Discharge:** \_\_\_\_\_ **Type of Discharge:** \_\_\_\_\_

**Date of Final Discharge:** \_\_\_\_\_ **Service #:** \_\_\_\_\_

**Are you receiving or eligible for a military pension?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have a service related disability?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Preference Requested:** Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Spouse of Disabled Veteran \_\_\_\_\_  
Spouse of Deceased Veteran \_\_\_\_\_

Your Preference Points application cannot be considered without supporting documentation (see instructions). If the documentation is not attached, it must be received by the District Office no later than seven (7) calendar days after the application deadline for the position to guarantee points are awarded in a timely manner. Supporting documentation is attached: \_\_\_ Will be submitted within seven (7) days \_\_\_.

### Legal to Work

Do you legally have the right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

In accordance with the Immigration Reform and Control Act of 1986, Independent School District No. 2342 hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program.

### Signature

I understand that Independent School District No. 2342 has the right to verify information provided in this application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize Independent School District No. 2342 and any agent acting on its behalf to conduct any inquiry into any job related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic

performance such as transcripts. Moreover, I hereby release the School District and any agent acting on its behalf from any and all liability by reason of requesting information from any person. Yes  Yes, but not present employer until job is offered  No  (we may be unable to hire you without this information).

I declare that any and all statements made in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Source**

How did you learn about the position you are applying for?

Newspaper  Job Service  Internet  School Placement Office  Other \_\_\_\_\_

# JOB APPLICATION

**WCA Schools ISD #2342**  
**301 County Road 2**  
**Barrett, MN 56311**  
**(320) 528-2650**

WCA Schools ISD #2342 is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a district representative.

Please fill out all of the sections below:

## **Employment Position**

Position you are applying for: \_\_\_\_\_

Date of application: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Do you have any relatives working for the School District? If so, please provide relationship: \_\_\_\_\_

Have you been employed by the School District before? If so, in what position? \_\_\_\_\_

Employment Conditions Desired (check all that apply): Full-time\_\_ Part-time\_\_ Temporary\_\_

## **Applicant Information**

Applicant Full Name: \_\_\_\_\_

Address (include city, state, zip code): \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If under age 18, date of birth: \_\_\_\_\_

Driver's License Number, State, and Class: \_\_\_\_\_

**Work Experience**

(List ALL positions you have held, starting with most recent. Please do not include dates more than 10-years ago. Attach additional sheet of paper if necessary.)

1) Name of Employer: \_\_\_\_\_

Address (include city, state, zip code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Number and Type of Positions You Supervised: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May We Contact This Employer? Please explain \_\_\_\_\_

\_\_\_\_\_

2) Name of Employer: \_\_\_\_\_

Address (include city, state, zip code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Number and Type of Positions You Supervised: \_\_\_\_\_

Job Duties: \_\_\_\_\_

May We Contact This Employer? Please explain \_\_\_\_\_

3) Name of Employer: \_\_\_\_\_

Address (include city, state, zip code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Number and Type of Positions You Supervised: \_\_\_\_\_

Job Duties: \_\_\_\_\_

May We Contact This Employer? Please explain \_\_\_\_\_

4) Name of Employer: \_\_\_\_\_

Address (include city, state, zip code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Number and Type of Positions You Supervised: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May We Contact This Employer? Please explain \_\_\_\_\_

\_\_\_\_\_

**Education:**

Did You Graduate High School or Receive a GED? Yes \_\_\_ No \_\_\_

How Many Years of Education have you completed? Circle One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
Masters PhD or Other (please explain) \_\_\_\_\_

Name and Location of Each School Attended    Did you Graduate?    Certificate or Degree    Course of Study

1)

2)

3)

4)

5)

Relevant current professional memberships, registrations or licenses (include date issued): \_\_\_\_\_

\_\_\_\_\_

**Job Relevant Volunteer and Unpaid Work Experience:**

Kind of Volunteer Activity (do not specify name)	Major Responsibilities	Hours per Month	Length of Service
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1)

2)



3)

4)

5)

**Office Equipment and Computer Experience:**

List Office Equipment Experience (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Computer Experience (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

Give the names of four (4) who can be contacted regarding your qualifications, work habits and character.  
Please do not list relatives:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Position/Relation to Work</u>
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1)

3)

3)

4)