

INDEPENDENT SCHOOL DISTRICT #0001

306 2nd St NW, Aitkin, MN 56431

Phone: 218.927.2115 – Fax: 218.927.4234

APPLICATION FOR EMPLOYMENT

Do not submit resume!

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Do you currently sub for Aitkin Schools in this position? \_\_\_ Yes \_\_\_ No

Are you available for substitute work? \_\_\_ Yes \_\_\_ No

If yes, in what capacity (check all that apply):

- \_\_\_ Teacher (substitute only) \_\_\_ Clerical \_\_\_ Bus Driver
\_\_\_ Paraprofessional \_\_\_ Cook \_\_\_ Custodian

Location: \_\_\_ Rippleside Elementary \_\_\_ High School \_\_\_ Bus Garage

Does this position require proper licensure - teacher, bus, nurse, boilers, etc? \_\_\_ Yes \_\_\_ No

If yes, do you possess the license? \_\_\_ Yes \_\_\_ No

If yes, what is the license number? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No

A criminal background check is required of all employees before hiring. Do you have a record you would like to explain? \_\_\_\_\_

EDUCATION

Table with 4 columns: Education Level, Name and Location, Course of Study Degree/Diploma, Graduate? (Y/N). Rows include HIGH SCHOOL, COLLEGE, COLLEGE, OTHER.

VETERAN PREFERENCE

Are you eligible for veteran preference points? \_\_\_ Yes \_\_\_ No

Disabled veteran? \_\_\_ Yes \_\_\_ No

**EMPLOYMENT HISTORY** – for 7 years, starting with most recent. Be specific, include detailed job duties. (If you need more room, attach another sheet.)

**1) NAME OF EMPLOYER** \_\_\_\_\_

City and State \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Major Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**2) NAME OF EMPLOYER** \_\_\_\_\_

City and State \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Major Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**3) NAME OF EMPLOYER** \_\_\_\_\_

City and State \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Major Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**What job-related skills do you possess?** Be specific. (typing, cooking, CPR, carpentry, plumbing, cleaning, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

<u>Name</u>	<u>City, State</u>	<u>Phone Number</u>	<u>Relationship (Boss, co-worker, friend)</u>
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**I attest that the information provided is true to the best of my knowledge.**

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER