



# LAC QUI PARLE SCHOOL DISTRICT #2853

## Application for Employment

2860 291<sup>ST</sup> Avenue, Madison, MN 56256 Phone- (320) 752-7814 Fax-(320-752-4401

[www.lqpv.org](http://www.lqpv.org)

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

### PLEASE PRINT CLEARLY

Position(s) Applied For	Date of Application	
How Did You Learn About the Position?		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Relative	<input type="checkbox"/> Internet	<input type="checkbox"/> Previous Employment
<input type="checkbox"/> Other		

Last Name		First Name		Middle Name	
Address Number	Street	Apt.	City	State	Zip Code
Home Telephone Number		Cell Telephone Number		Email Address	Social Security Number

1. Are you age 18 or older?.....Yes      No	
2. Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes      No	
3. Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to the position applied for may result in disqualification of your application.) Yes      No If yes, please explain _____ _____ _____	
4. If you are age 17 or younger, can you provide the required proof of your eligibility to work?.....Yes      No	
5. Do you have a valid drivers license?.....Yes      No	
6. Drivers License Number(s) (Please list if position requires operating school equipment or vehicles - Include) _____ Expiration Date _____ Number      State      Class      Month      Date      Year	
7. Have you ever been employed with us before?.....Yes      No      If yes, provide the dates of employment _____	

*Lac qui Parle Schools, Madison, MN is an equal opportunity employer and service provider*

8. Have you ever filed an application with us before?. Yes      No    If yes, provide the approximate date \_\_\_\_\_

9. Date available to start work \_\_\_\_/\_\_\_\_/\_\_\_\_

10. What is your desired salary range? \_\_\_\_\_

11. Are you available to work: Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary/Seasonal \_\_\_\_

12. Can you travel if the position requires it?              Yes      No

## EDUCATION

Type of School	School Name	City/State	Course of Study	Years Completed	Did you Graduate?
High School					
Undergraduate College					
Graduate/ Professional					
Technical School					
Other					

Describe any job-related training received in the United States military

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## EMPLOYMENT EXPERIENCE

*Provide the following information of your past four (4) employers in chronological order starting with the most recent. You may include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

**1.**

Employer	Address	Telephone Number		Job Title	
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)		Starting Wage	End/present Wage
Work Performed/Duties					
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**2.**

Employer	Address	Telephone Number		Job Title	
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)		Starting Wage	Ending Wage
Work Performed/Duties					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>					

**3.**

Employer	Address	Telephone Number		Job Title	
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)		Starting Wage	Ending Wage
Work Performed/Duties					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>					



4.

Employer	Address	Telephone Number	Job Title	
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	Ending Wage
Work Performed/Duties				
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*If you need additional space, please continue on a separate sheet of paper*

**List professional, trade, business or civic activities and offices held** (You may exclude any memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

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## ADDITIONAL INFORMATION

**Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience.

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**State any additional information you believe may be helpful to us in considering your application**

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## REFERENCES

*Please provide the names of three people not related to you whom have known you for at least one year*

	<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Yrs. known</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					

# LAC QUI PARLE VALLEY SCHOOLS

## Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. Lac qui Parle Schools appreciates your cooperation in our efforts to ensure Affirmative Action and equal opportunity.

**Please indicate the position(s) for which you are applying:**

**Please indicate how you heard about this position:**

Please place a check in the appropriate blanks:

**Gender;** ☐ **Male** ☐ **Female**

**With which racial ethnic group do you identify?**

- ☐ Asian or Pacific Islander
- ☐ African American (Black)
- ☐ Native American or Alaskan Eskimo
- ☐ Caucasian (White)
- ☐ Other (Please indicate: \_\_\_\_\_)

**Disability status, defined as:**

- (1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
- (a) Has a record of such an impairment (condition);
- (b) Is regarded as having such impairment (condition).

**Based on the above information, do you claim Disability status?**

☐ **Yes** ☐ **No**

**LAC QUI PARLE SCHOOLS**  
**Little Eagles Daycare**

**REFERENCE CHECKS**  
**RELEASE AUTHORIZATION**

I, (please print legal name) \_\_\_\_\_, hereby authorize investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of \_\_\_\_\_, as may be needed to arrive at an employment decision. I also authorize any or all educational institutions and prior employers listed in the Application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I release those parties from any and all liability or claims for damage that may result from such.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**BACKGROUND CHECK**  
**RELEASE AUTHORIZATION**

**FULL LEGAL NAME OF APPLICANT:** \_\_\_\_\_

**MAIDEN, PREVIOUS, ALIAS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

I authorize the Minnesota Dept of Human Services to disclose criminal history information to Lac qui Parle School District #2853 pursuant to MN State Statute 1223B.03 for the purpose of employment as \_\_\_\_\_ with this agency.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**A copy of driver's license must be attached**

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

**State Born in:** \_\_\_\_\_

**Addresses in the past five years:**  
\_\_\_\_\_