Application for Employment

Ortonville Public School
200 Trojan Drive
Ortonville MN 56278
Phone (320) 839-6181 Fax (320) 839-3708

1. **Equal Employment Opportunity**
   It is the policy of the Ortonville Public School to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status with no regard to public assistance, disability, sextual orientation, or age.

2. **Data Privacy Notice**
   The information requested on this application is intended to be used by the Ortonville Public School in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the Ortonville Public School being unable or unwilling to offer employment to you. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside the Ortonville Public School without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

3. **Position Desired**
   Title of Position you are applying for: _____

   Date available to begin employment: _____

   Hourly rate desired: _____

4. **Personal Data**
   Name: _____

   Address: _____

   Phone Number:_____

   Email: _____

   Are you legally eligible to hold employment in the US: _____

   List all other names you have been employed under which your employment or educational records would be found:
   _____
   _____
   _____

5. **Work Experience**

Please list below OR attach a completed resume with work experience

Employer Name and Address: _____

May we contact this employer: _____

Supervisor/Phone Number/Email: _____

Job Title:_____ Rate/Salary:_____

Job Duties:

_____

_____

Dates of Employment: _____

Reason for Leaving: _____

Employer Name and Address: _____

May we contact this employer: _____

Supervisor/Phone Number/Email: _____

Job Title:_____ Rate/Salary:_____

Job Duties:

_____

_____

Dates of Employment: _____

Reason for Leaving: _____

Employer Name and Address: _____

May we contact this employer: _____

Supervisor/Phone Number/Email: _____

Job Title:_____ Rate/Salary:_____

Job Duties:

_____

_____

Dates of Employment: _____

Reason for Leaving: _____

6. **Education:**
   Please list below <u>OR</u> attach a completed resume with work experience and Education

High School: _____

Address of School _____

Did you graduate _____

College/University/Technical Schools Attended:

Name: _____

Major: _____

Minor: _____

Did you Graduate:_____

College/University/Technical Schools Attended:

Name: _____

Major: _____

Minor: _____

Did you Graduate:_____

College/University/Technical Schools Attended:

Name: _____

Major: _____

Minor: _____

Did you Graduate:_____

7. **Licensure**
   List all Licenses and File Folder numbers from PELSB.
   *All applicable licenses or certification must be received in the Payroll Office prior to employment commencing. If hired it is your responsibility to keep a current license on file at all times. Failure to do so may result in immediate discharge from employment.

   License/No.: _____

   Expiration: _____

   License/No. _____

   Expiration: _____

8. **Prior Employment:**

   Have you ever been discharged, forced to resign from employment or resigned as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were the claimant/plaintiff?

   _____
   _____
   _____
   _____

9. **Criminal Background Information**

   The Ortonville Public School will conduct a criminal background through Trusted Employees on individuals upon making a contingent job offer. The applicant who is offered employment must submit information through Trusted Employees and pay the fee from Trust Employee's. No offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable to the Ortonville Public School, and formal approval by the Ortonville Public School Board of Education.

   Email to send the background check to (This will come from Trusted Employees):
   _____

10. References

Please list below OR submit with Resume

Name of Reference: _____
Phone Number _____
Title _____

Name of Reference: _____
Phone Number _____
Title _____

Name of Reference: _____
Phone Number _____
Title _____

11. Please explain how your past personal and professional experiences make you a quality candidate for this position:

_____
_____
_____
_____
_____

12. Veteran Status

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points: _____

Do you wish to claim Veterans Preference Points: _____

If you are a disabled veteran and wish to claim additional points, please write yes: _____

Proof of eligibility to claim Veterans Preference Points is required. Please submit a copy of your DD214 form within five days of submitting your application.

13. Certification, Acknowledgement and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the Ortonville Public School.

I understand, acknowledge and agree that no offer of employment will be final or binding until it has been approved by the Ortonville Board of Education (except in cases of substitutes). I understand that until such approval has been given by the Ortonville Board of Education, the School District will not be liable for any reliance I may have on any oral or written offers of employment made to me.

In connection with this application I **hereby authorize** any and all current and former employers, organizations where I volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the Ortonville Public School and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Ortonville Public School will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release the Ortonville Public School and all of my former employers, volunteer organizations, and references listed herein and any and all agents acting on their behalf for any and all liability of whatever nature by reason of requesting or providing such information.

Date: _____

Printed/Typed Name: _____

Signature: _____