

FOR OFFICE USE ONLY	
Date Received _____	
Resume _____	
Interview _____	

Applicant's Name _____

Position(s) Applied For _____

Date of Application _____

I.S.D. #743 – SAUK CENTRE, MN Support Staff Employment Application

We are an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, age, sexual orientation, gender identity, national origin, veteran or disability status.

INSTRUCTIONS FOR COMPLETING APPLICATION FORM FOR SUPPORT STAFF PERSONNEL:

1. The accuracy and completeness with which this application is filled out will be factors in the consideration of the applicant for a position.
2. The application form must be on file in our office before the initial interview.
3. Applicant must be eligible for any necessary licenses to be considered.
4. This application and a resume should be returned to:
 Sauk Centre Public Schools
 Amy Thieschafer, Payroll & Human Resource Manager
 903 State Road
 Sauk Centre, MN 56378
5. Please print or type all information.
6. Materials will not be returned.

1. Personal Data

Name _____ Phone Number(s) _____
First Middle Last

Mailing Address _____

Email Address _____

PERA File # (if previously issued) _____

2. Education History

	School	City	Major	Minor	Diploma/Degree
High School					
Undergraduate					
Graduate					
Other					

7. References: List three professional references that we may contact. We are especially interested in the names of people who have observed your work in a school setting.

Name (First & Last)	Phone Number	Occupation or why listed here	Years Known

8. Do you understand the nature and schedule of the duties of the position? Yes _____ No _____

9. Do you have any obligations/commitments that would interfere with the duties and schedule of the position? Yes _____ No _____

If yes, please explain:

10. Veterans' Preference: If you are a veteran and wish to claim veterans' preference, you must present a legible photocopy of your DD214 form with this application.

Do you wish to claim Veteran's Preference? Yes _____ No _____

SIGNATURE

The statements made and information given in this application are, to the best of my knowledge, true, accurate and complete. I understand they will be subject to verification by I.S.D. #743. I authorize I.S.D. #743 to perform background checks as they deem necessary and I release them of any liability.

Signature of Applicant