Staples-Motley School District #2170

EMPLOYMENT APPLICATION

To the Applicant: We appreciate your effort in completing the application so we may give you the fullest consideration possible for employment. We wish to thank you for your interest in our district. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

We are an Equal Employment Opportunity Employer.

Please print clearly

Today's Date:_____ Date you would be available for Employment:_____

Position(s) applied for *(please check all that apply)*:

☐ Food Service ☐ Custodial ☐ Transportation ☐ Paraprofessional ☐ Office ☐ Other: _____

Location*(please check all that apply)*: ☐ High School ☐ Middle School ☐ Elementary ☐ District Wide

Full Name:_____

Address:_____

Email address:_____

Phone number:_____

Have you been employed by our School District before? Yes ☐ No ☐

If yes Name used:

Are you available for work: Full Time ☐ Part Time ☐ Shift Work ☐

Are you a Citizen of the United States: Yes ☐ No ☐

Do you have any physical mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes ☐ No ☐.

If yes, please explain:_____

_____

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? Yes ☐ No ☐

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

If yes, please complete the attached Veterans Preference Points Application

Past Employment Experience

List each job held. Start with your present or most recent job. Include any military assignments and volunteer activities.

Employer:_____ Supervisor: _____

Job Title / Position:_____

Dates worked:_____

Contact Number:_____

Duties performed:_____

Reason for leaving this job:_____

Summarize any special skills and qualifications you may have acquired from previous employers or other experience you may have:_____

_____

Employer:_____ Supervisor: _____

Job Title / Position:_____

Dates worked:_____

Contact Number:_____

Duties performed:_____

Reason for leaving this job:_____

Employer:_____ Supervisor: _____

Job Title / Position:_____

Dates worked:_____

Contact Number:_____

Duties performed:_____

Reason for leaving this job:_____

Employer:_____ Supervisor: _____

Job Title / Position:_____

Dates worked:_____

Contact Number:_____

Duties performed:_____

Reason for leaving this job:_____

EDUCATION

Name of school or Institution:_____

Courses of Study:_____

Dates of Attendance:_____Degree/Diploma_____

Major/Minor_____Honors/Received_____

Name of school or Institution:_____

Courses of Study:_____

Dates of Attendance:_____Degree/Diploma_____

Major/Minor_____Honors/Received_____

Name of school or Institution:_____

Courses of Study:_____

Dates of Attendance:_____Degree/Diploma_____

Major/Minor_____Honors/Received_____

Name of school or Institution:_____

Courses of Study:_____

Dates of Attendance:_____Degree/Diploma_____

Major/Minor_____Honors/Received_____

REFERENCES

Name:_____Phone_____Title_____

Name:_____Phone_____Title_____

Name:_____Phone_____Title_____

AGREEMENT

I certify that the answers I have given on this application are true and correct to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the school.

Signature:_____Date:_____

VETERANS PREFERENCE POINTS APPLICATION

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 MN Statute 43A.11. To be eligible for veterans preferences points you must:

1. 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, or who has met the minimum active duty requirements as defined by section 3.12a of Title 38, Code of Federal Regulations, or who has active military service certified under section 401, Public Law Number 95-202. The active military service must be certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions must be issued by the Secretary. Section 3.12a, Title 38, Code of Federal Regulations: "Minimum period of active duty" means...(ii) the full period for which a person was called or ordered to active duty; **AND**

2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military services.

The information you provide on this form will be used to determine your eligibility for Veterans Preference Points. You are not required to supply this information, but we cannot award veteran's points without it. You must supply a copy of your DD214. Disabled Veterans must also supply Form Fl-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-02 or Death Certificate.

If you supply this supporting documentation by separate mail, include your name and the position Position applied for.

Name_____Position_____

Are you applying for Veteran's Bonus Points? Yes ☐ No ☐

If you answered "yes", your DD214 or other documentation must be received no later than 7 days after the application deadline for the position.

Veterans Preference Points Application

Veteran: Self ___ Spouse ___ If spouse, veteran's name:

Branch of Service:_____

Rank at Discharge: _____ Type of Discharge: _____

Date of Final Discharge: _____ Service No. _____

Are you receiving or eligible for a military pension? Yes ☐ No ☐

Do you have a compensable 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 above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: ☐ is attached ☐ will be submitted.