



**Adrian Public School**  
 410 Indiana Ave, PO Box 40, Adrian, MN 56110-0040  
 507/483-2266 Fax 507/483-2342

## Application for Employment

You may use your resume to supplement this application, however, please complete the entire application.

Position Applying for: \_\_\_\_\_ Today's Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Person to Notify in case of Emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Teacher Retirement Number: \_\_\_\_\_ File Folder Number: \_\_\_\_\_

**Education:**

Do you currently hold a B.A. or B.S. degree from an accredited college or university? YES \_\_\_ NO \_\_\_

College Name, Location & Dates		Degree	Major	Minor
<b>Undergraduate</b>				
<b>Graduate</b>				

List all Languages that you speak: \_\_\_\_\_

**TEACHING EXPERIENCE** (List most recent first)

DATES (FROM/TO)	SCHOOL DISTRICT	SUBJECT TAUGHT

Total Teaching Experience in Years: \_\_\_\_\_

**Licensure** (Please list subjects and grade levels for which you are licensed)

Subject	Grade Level

Please attach a copy of your Minnesota Teaching License.

Do you hold a current Minnesota License? \_\_\_\_\_

Have you ever had your teaching license revoked? \_\_\_\_\_

Are you willing to be placed on our substitute teacher call list? YES \_\_\_ NO \_\_\_

What grade levels are you willing to substitute teach in? Elem. \_\_\_ Middle \_\_\_ High School \_\_\_

How often do you wish to substitute teach? \_\_\_\_\_

Would you consider a long-term substitute position? \_\_\_\_\_

**Special Qualifications: (Licenses or Certificates)** \_\_\_\_\_

What other additional education or training have you had that might relate to this position? \_\_\_\_\_

**References:**

Please give the names of three people not related to you, whom you have known at least one year. Name  
Phone Number Years Acquainted

Are you currently employed? \_\_\_\_\_ May we contact your employer: \_\_\_\_\_

Contact person & Telephone number: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ If so, Telephone Number: \_\_\_\_\_

What are your reasons for leaving your current position? \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain and what was the disposition of the case: \_\_\_\_\_

Conviction of a crime is NOT an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

1. Have you ever been involuntarily discharged or fired? YES \_\_\_\_\_ NO \_\_\_\_\_  
If Yes, please explain: \_\_\_\_\_

2. In your previous work, what did you enjoy the most? \_\_\_\_\_

3. How do you prepare for a day's work? \_\_\_\_\_

4. Which is more important to you; to have a good supervisor or to have a good pay and benefits? \_\_\_\_\_

5. Please describe for us an excellent employee. \_\_\_\_\_

6. Why do you want to work for the Independent School District #511? \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY, REASONABLE, ACCOMMODATIONS  
AND VETERAN'S PREFERENCE**

Independent School District #511's policy is to provide equal employment opportunity for all applicants and employees. Independent School District #511 does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, veteran status, sexual orientation, age or disability.

Are you able to perform the duties of the position for which you are applying, including regular attendance, with or without a reasonable accommodation? (If you need an explanation for the meaning of "reasonable accommodation," please contact Roger Graff, District Health and Safety Coordinator.) YES \_\_\_\_\_ NO \_\_\_\_\_

If you are a veteran or a spouse of a deceased or disabled veteran and wish to claim veteran's preference, you must present a legible photocopy of your DD214 to the Personnel Office. If your claim is approved, preference points will be applied to applicable law.

**CONSENT TO RELEASE OF INFORMATION**

I request, authorize and consent to the release of information to Independent School District #511, Adrian, MN regarding my previous employment and authorize all past employers or agent they may designate, to respond to verbal or written inquiries from Independent School District #511, regarding my employment record. I further request, authorize and consent to Independent School District #511 contacting the personal references identified in my application through verbal or written inquiries for purposes of confirming information contained in my application for employment as well as reliability, honesty, and potential tendency if any, to engage in any form of violence or other harmful, unsafe or threatening behavior. Finally, I request, authorize and consent to the release and disclosure of educational records from any and all public or private education institutions that I have attended and to release information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past, or currently hold, to Independent School District #511.

In addition, I understand that if employed I am subject to Minnesota law regarding an intent to defraud workers' compensation. That statute states: Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.

**CERTIFICATION**

I have answered all questions to the best of my knowledge. I certify that the facts contained in this application form are true and complete to the best of my knowledge. I understand that if employed, any falsified statements, misrepresentations, or omission of facts on this application or any supporting documents such as the Child Support Disclosure Form and the Employment Eligibility Verification (Form I-9), regardless of when discovered to be false, misrepresented or omitted, shall be considered sufficient cause for my dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

I understand that the 20<sup>th</sup> of each month is payday; and, if I have any additional time, the claim **must be submitted to payroll** by the 5<sup>th</sup> of each month.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Independent School District #511 an Equal Employment Opportunity/Affirmative Action Employer**