



DEER RIVER PUBLIC SCHOOLS

www.isd317.org

APPLICATION FOR EMPLOYMENT

NON-LICENSED POSITIONS

Personal Information

Last Name	First Name	Middle Initial
Street Address	City	State
Home Telephone	Alternate Telephone	Email Address
Social Security Number		
Can you, after employed, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you wish to claim veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If your claim is approved, preference points will be applied pursuant to applicable law.		

Position Preferences

Title/Type of position	Type of Employment <input type="checkbox"/> Full Yr <input type="checkbox"/> School Yr
Number of hours per day desired <input type="checkbox"/> 4 or less <input type="checkbox"/> more than 4	
Location Preferred: (check all that apply) <input type="checkbox"/> High School <input type="checkbox"/> King Elementary	
If the position you desire is not available, are you interested in serving as a substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Educational Background

Education	Name and Address of School Attended	Years	Grade Point Average	Degree
High School				
College				
Other				

References

List three work or education related references who are in a position to evaluate your experience and qualifications.

Name and Position	Address	Phone Numbers	# Years Known
		Work: Home:	
		Work: Home:	
		Work: Home:	

Skills and Licenses

Do you have keyboarding skills? <input type="checkbox"/> Yes ___ (wpm) <input type="checkbox"/> No
Please list the types of equipment that you have experience operating:
Do you have a special license or certificate in any field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name, number and expirations date(if any):

List your last three employers beginning with the most current or recent. Attach additional papers if necessary.

Employer Name	Employer Address	Employer Telephone Number
Dates of Employment: From: To:		Wages/Salary
Supervisor Name	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
Description of specific duties:		

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Supervisor Name	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
Description of specific duties:		

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Dates of Employment: From: To:		Wages/Salary
Supervisor Name	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
Description of specific duties:		

Other Information

Have you ever been convicted of any offense, felony, DWI, or misdemeanor, either civil or military, or been placed on probation (exclude traffic violations of less than 100)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been previously employed with Deer River Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your position, title and dates of employment.
Have you ever been disciplined or involuntarily discharged for any reason by any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

I hereby authorize the Deer River Public Schools to obtain all data needed to support this application, including references. I certify that all statements made in this application are true and complete to the best of my knowledge and that any false statements may subject me to disqualification or termination. If offered a job, I understand the District will request a background check on me pursuant to the Minnesota Child Protection Background Check Act at my expense. Information will be provided to me regarding my rights and I will sign an appropriate release authorization.

Applicant Signature	Date
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Return Application To:
 Superintendent of Deer River Schools
 PO Box 307
 Deer River, MN 56636