

**RETURN TO:**  
**I.S.D #2534 BOLD Schools**  
 District Office  
 701 S. 9<sup>th</sup> Street  
 Olivia, MN 56277

## NONCERTIFIED APPLICATION FOR EMPLOYMENT

\_\_\_\_\_  
 (Last Name)                      (First Name)                      (Middle)                      (Date)

\_\_\_\_\_  
 (Street Address)                      (City)                      (State)                      (Zip)

\_\_\_\_\_  
 (Email)                      (Home Phone)                      (Cell Phone)

Have you ever applied for employment with us?    Yes \_\_\_ No \_\_\_  
 If Yes, Month & Year \_\_\_\_\_ Location \_\_\_\_\_  
 Position Desired \_\_\_\_\_ Pay Expected \_\_\_\_\_

Apart from absence for religious observation, are you available for full-time work? \_\_\_\_\_  
 Are you legally eligible for employment in the United States? \_\_\_\_\_  
 When will you be available to begin work? \_\_\_\_\_

Is there a current or previous disciplinary action against you as a result of sexual misconduct or attempted sexual misconduct with a student?    Yes \_\_\_ No \_\_\_  
 If you checked "Yes," please give a brief description of the pending charge? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime, felony, or misdemeanor which would substantially relate to the position you are applying for with the District or which would affect your ability to be bonded?  
 Yes \_\_\_ No \_\_\_    If you checked, "Yes," please give a brief explanatory statement:  
 \_\_\_\_\_  
 \_\_\_\_\_

The School District will conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the MN BCA, the content of which is acceptable to the School District, and approval by the School Board. Conviction of a crime or arrest 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.

### EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE					
COLLEGE					
COLLEGE					
HIGH SCHOOL					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS  
(Exclude those which may disclose race, color, religion or national origin)

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Describe your duties and any special training. \_\_\_\_\_

(Branch of Service) (Period of Active Duty-Month & Year) (Rank at Discharge) (Date of Final Discharge)

EMPLOYMENT

1. (Employer Name) (Telephone)

(Street Address) (City) (State) (Zip)

(Name of Supervisor)

(Weekly Pay Start) (Weekly Pay Last) (Employed -Month & Year) Yes No  
May we contact Employer?  
(Circle)

State Job Title & Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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2. (Employer Name) (Telephone)

(Street Address) (City) (State) (Zip)

(Name of Supervisor)

(Weekly Pay Start) (Weekly Pay Last) (Employed -Month & Year) Yes No  
May we contact Employer?  
(Circle)

State Job Title & Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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3. (Employer Name) (Telephone)

(Street Address) (City) (State) (Zip)

(Name of Supervisor)

(Weekly Pay Start) (Weekly Pay Last) (Employed -Month & Year) Yes No  
May we contact Employer?  
(Circle)

State Job Title & Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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4.

(Employer Name) \_\_\_\_\_ (Telephone) \_\_\_\_\_

(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Name of Supervisor) \_\_\_\_\_

(Weekly Pay Start) \_\_\_\_\_ (Weekly Pay Last) \_\_\_\_\_ (Employed—Month & Year) \_\_\_\_\_ Yes No  
May we contact Employer? (Circle)

State Job Title & Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

### QUESTIONS

Your concise and candid answers will help us know more about you as a person and as a professional.  
(Please confine your answers to the spaces provided.)

1. Why are you interested in becoming an employee in District 2534?

2. What would be your major strengths in this position?

3. Please list the names and telephone numbers of at least three references.

	<u>Name</u>	<u>Telephone Number</u>	<u>Position</u>
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1.

2.

3.

## SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any false, misleading, or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, or handicap.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR EMPLOYER'S USE ONLY

### REFERENCES

EMPLOYER	PERSON CONTACTED	RESULTS
1		
2		
3		

### INTERVIEWER NAME AND COMMENTS