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

CERTIFIED APPLICATION FOR EMPLOYMENT

	Name) (Middle)			Date)	
(Street Address)	(City)	(State)	(Zip)		
(Email)	(Home Phone)	(Cell	Phone)		
Have you ever applied for employme. If Yes, Month & Year	nt with us? Yes No Locati	on			
Position Desired		Pay Exp	ected		
When will you be available to begin with a student? Yes No		ılt of sexual mi			misconduc
11 you checked 1 es, please give					
Have you ever been convicted of a cr you are applying for with the District Yes No If you chec	or which would affect your abi	lity to be bond	ed?	elate to the positio	n

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	
COME	PLETE THIS SECTION II	YOU SERVED IN THE U.S	S. ARMED FORCES
Describe your duties and	l any special training.		
(Branch of Service)	(Period of Active Duty	-Month & Year) (Rank at Disc	charge) (Date of Final Discharge
Calbridge Tables See	E	MPLOYMENT	Partipolis access to the control of
1.			
(Employer Name)	a control of the	(7	Telephone)
(Street Address)	(City)	(State)	(Zip)
(Name of Supervisor)			
(Weekly Pay Start) State Job Title & Descri	(Weekly Pay Last) be Your Work	(Employed –Month & Year)	Yes No May we contact Employer? (Circle)
Reason for Leaving			
	******		******
2(Employer Name)		(7	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 & Descri	be Your Work		(Chele)

(Employer Name)				(Telephone)	
(Street Address)	(City)	(State)	(Zip)	
(Name of Supervisor)				V V	
(Weekly Pay Start) (Weekly Pay Las			(Employed –Month & Year)	Yes No May we contact Employ (Circle)	mployer?
State Job Title & Descri	be Your Work			(0.10.10)	
Reason for Leaving					
******	******	****	*********	********	***
4.			72		
(Employer Name)		(Telephone)			
(Street Address)	(City)	(State)	(Zip)	
				V. N.	
(Name of Supervisor)					
(Name of Supervisor) (Weekly Pay Start)	(Weekly Pay Last)		(Employed -Month & Year)		er?
(Weekly Pay Start)			(Employed –Month & Year)	(Circle)	/er?
(Weekly Pay Start) State Job Title & Descri	ibe Your Work			(Circle)	/er?
(Weekly Pay Start) State Job Title & Descri	ibe Your Work			(Circle)	/er?

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

2. Have you ever been a tenured teacher in another district? If yes, where and for how long?

3.	What do you consider to be your major strengths as an educator? And what do you have to offer District 2534 students?
4.	Student achievement in reading, writing, thinking, and listening is an important major goal of District 2534. How
7.	would your instruction emphasize the achievement of this goal?
5.	Besides the learning of academic knowledge and skills, what should a teacher and school model for young people?
6.	Have you ever had an idea which you thought would be beneficial to your employer and rejected by your supervisor? If yes, what did you do after the idea was rejected?

7. Please	list the names and telephone numbers of	f at least three references.	
	Name	Telephone Number	Position
	1.		
	2		
	2.		
	3.		
	SIC	GNATURE	
I understate continue to emp	loy me in the future. ve employees will receive consideration or handicap. Signature	without discrimination because of race, creed Date OYER'S USE ONLY	d, color, gender, age,
	RE	FERENCES	
EMPLOYER	PERSON CONTACTED	RESULTS	
1			
2			
3			
	INTERVIEWER 1	NAME AND COMMENTS	
L.			
(
9			
,			