



# Application for Employment

Please forward your completed Application to:  
 Mt. Iron-Buhl School District ISD #712  
 PO Box 537  
 Mt. Iron, MN 55768

**You must complete this form to apply for employment. Answers must be complete and legible.**

Position for which you are applying \_\_\_\_\_

Please mark the department(s) for which you would be interested in working:

- Administration  
  Teaching  
  Para Professional  
  Bus Driver  
  Custodian

## Applicant Information

Name (Last, First, M.I.)	Area Code/Telephone No.
Street Address	E-mail Address
City                                  State                                  Zip Code	County
Are you authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, please explain:	
If under the age of 18, please state your age:	
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please provide names:	

## Education and Training

Check all Applicable boxes.  
 Attach college transcript (if Required)                                  Name of School and Degree (if Applicable)                                  Graduated?

<input type="checkbox"/> High School Graduate/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Associates Degree		Year Completed
<input type="checkbox"/> Bachelors Degree		Year Completed
<input type="checkbox"/> Masters Degree		Year Completed
<input type="checkbox"/> Other		Year Completed

## Occupational Licenses, Registration, Certificates

License/Certificates Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date
Are you currently under contract with any other school district for next year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If applying for a Para Professional position, have you completed a minimum of 60 semester (90 quarter) credits from an accredited post secondary educational institution or have passed the Para Professional Assessment testing? (Official documents are required)   Date:                                  Score:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? (Answering yes does not necessarily disqualify employment) If Yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal? If Yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to claim Veteran's Preference Points?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a disabled Veteran and wish to claim additional points?				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within ten (10) business days.**

## Employment History

Please list below all work-related experience for the past 5 years, starting with the most recent employment. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Do not write "See Resume".

Job Title	Dates of Employment (Month & Year)	
	From:	To:
Employer	Supervisor Name and Title	
Business Address	Starting/Ending Salary	Telephone No.
Description of job duties	Reason for leaving	

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**Special Skills:** List training, licenses, office machines you can operate as well as any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

Do we have permission to contact your present employer(s)?  Yes  No

Do we have permission to contact your previous employer(s)?  Yes  No

Check all that you are interested in:  Full-time  Part-time  Temporary

Date available for employment:

### References (List three PROFESSIONAL references who may be contacted.)

Name and Address	Telephone Number	Occupation

### Applicant Certification

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Mt. Iron-Buhl School District to afford equal opportunity to all employees and applicants for employment without regard to race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance, disability, sexual orientation, age or membership or activity in a local commission, or any other protected class based on federal, Minnesota State and local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of Mt. Iron-Buhl School District policies and regulations. I understand that the Mt. Iron-Buhl School District shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies and procedures. No representative or agent of Mt. Iron-Buhl School District has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the School Board of ISD #712, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date

**DATA PRIVACY NOTICE.** The information requested on this application may be used by the Mt. Iron-Buhl School District in determining the suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete and accurate information may result in the District being unable or unwilling to offer employment to you. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside the Mt. Iron-Buhl School District without your consent except as necessary for tax purposes or as otherwise required by state or federal law.