

Leola School District 44-2

PO BOX 350

820 Leola Avenue

Leola, SD 57456-0350

Phone: (605) 439-3142

Fax: (605) 439-3206

E-mail: brett.flemmer@k12.sd.us

FOR OFFICE USE ONLY

Received by: _____

Date: _____

Delivered in person: ☐

Received by: ☐ mail ☐ fax ☐ e-mail

CLASSIFIED

Application for Employment

(Complete all applicable information - incomplete applications will not be considered)

Leola School District 44-2 is An **Equal Opportunity Employer** and does not knowingly discriminate because of race, color, age, gender, marital status, religion, handicap or disability, national origin, or veteran's status and provides equal access to the Boy Scouts and other designated youth groups. Leola School District also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Applications are kept on file for one (1) year. As positions become available that you would like to be considered for, please submit a letter of application specific to that position.

Date of application: _____

PERSONAL DATA:

Name: _____
Last First Middle Social Security Number

Address: _____
Street City State Zip

Phone: _____
Home Work Cell Phone E-mail Address

Are you a veteran or a widow of a Veteran? ☐ Yes ☐ No

Have you previously worked for the Leola School District? ☐ Yes ☐ No

When: _____ Where: _____

POSITION(S) APPLYING FOR

TYPE OF EMPLOYMENT DESIRED

- ☐ Clerical
- ☐ Coaching
- ☐ Custodial
- ☐ Educational Assistant
- ☐ Finance, Administrative, Auxiliary Staff
- ☐ Food Service
- ☐ Maintenance
- ☐ Technology
- ☐ Tutor
- ☐

- ☐ Full Time
- ☐ Part-Time
- ☐ Temporary
- ☐ Seasonal

Other _____

Are you a U.S. citizen or otherwise legally authorized to work in the U.S.? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony or misdemeanor? (Do not include minor traffic violations unless alcohol related) ☐ Yes ☐ No (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

If "Yes", Date(s): _____
Offense(s): _____

Have you ever been dismissed from a position, non-renewed, or asked to resign? ☐ Yes ☐ No
If yes, please explain: _____

Complete the following if you are applying for a position that requires operating a motor vehicle:

Driver's License Number: _____ State: _____ Expiration date: _____

EDUCATION:

	<u>Name, City, and State</u>	<u>Majors/Minors</u>	<u>Dates Attended</u> <u>From / To</u>	<u>Degree or # of</u> <u>Credit Hours</u>
High School or GED	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____

Number of Graduate semester hours earned **beyond** highest degree: _____

Please list any completed courses, seminars or training related to your ability to perform the job for which you are applying: _____

No Child Left Behind regulations and the Leola School District require that all Educational Assistants be highly qualified.

If you are applying for an Educational Assistant position, please indicate that you meet at least one of the following qualification requirements:

- ☐ An Associates (or higher) degree
- ☐ 48 college credit hours
- ☐ STATE Para Professional Assessment test
- ☐ None of the above qualifications

Please attach a copy of your college transcripts to verify your degree or credit hours earned.

If you have taken the Para Professional test, please attach a copy.

WORK EXPERIENCE: (List most current or recent employer first.)

Company Name: _____

Address: _____

Street

City

State

Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr.): _____ From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Duties: _____

May we contact this employer? ☐ Yes ☐ No Hours per week: _____ Final Salary/Rate: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Street

City

State

Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr.): _____ From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Duties: _____

May we contact this employer? ☐ Yes ☐ No Hours per week: _____ Final Salary/Rate: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Street

City

State

Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr.): _____ From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Duties: _____

May we contact this employer? ☐ Yes ☐ No Hours per week: _____ Final Salary/Rate: _____

Reason for leaving: _____

REFERENCES: (references should be familiar with your professional work, include superintendents or principals who supervised you)

Name: _____ Occupation: _____ Phone - Day: _____

Name: _____ Occupation: _____ Phone - Day: _____

Name: _____ Occupation: _____ Phone - Day: _____

PREEMPLOYMENT STATEMENT

(Please read carefully and sign the statement below.)

I understand and agree that:

1. The information that I have provided on this application is true and complete. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from Leola School District's employ.
2. Any offer of employment I may receive from Leola School District is contingent upon my successful completion of a criminal background investigation (SDCL 13-10-12).
3. I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Leola School District if there is reasonable suspicion. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Leola School District.
4. I authorize the Leola School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational, or vocational institution or government agency to provide the Leola School District with information they have regarding me. I hereby release and discharge the Leola School District and those who provide information from any and all liability as a result of furnishing and receiving this information. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the District.

Signature of Applicant _____ Date _____