



EMPLOYMENT APPLICATION ISD #739

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

PERSONAL	Last Name, First, Middle		Date
	Street Address		Home Phone
	City, State, Zip		Business Phone
	Have you ever applied for employment with us? Yes No If yes: Month and Year _____ Location _____		Social Security No.
	Position Desired		Pay Expected
	Apart from absence for religious observances, are you available for full-time work? Yes No If not, what hours can you work? _____		Will you work overtime if asked? Yes No
	Are you legally eligible for employment in the United States?		When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)		
	How did you learn of our organization?		

EDUCATION	School	Name and Location of School	Course of Study	Completed	Graduate?	Diploma
	College				Yes No	
	Para-professionals are required to have 2 years of post-secondary education, OR Para Pro Test Completed. Please include a copy of transcripts or diploma.					
	High				Yes No	
	Elementary				Yes No	
	Other				Yes No	

SIGNATURE	<p>I certify that the answers provided on this application are complete, true and correct to the best of my knowledge. I understand that providing false or incomplete information on this application will disqualify me from employment or upon discovery will be grounds for my immediate termination from employment with the school district.</p> <p>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.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.</p>
	<p>_____</p>
	<p style="text-align: center;">Date Signature</p>

Please mail application to: ISD #739, P.O. Box 368, Kimball, MN 55353

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Phone
		Email
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Phone
		Email
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Phone
		Email
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Phone
		Email
	State Job Title and Describe Your Work	Reason for Leaving

DO NOT CONTACT		We may contact the employers listed above unless you indicate those you do not want us to contact.
Employer Number(s):	Reason:	