

## Application for Employment Non Certified Staff

**Mountain Lake ISD #173** 450 12<sup>th</sup> Street Mt. Lake MN 56159

507 427 2323 phone 507 427 3047 fax

## APPLICANT INFORMATION

Date:			
Last name:l	First name:	MI:	
Address:			
City:	State:	Zip:	
Phone Number(s):	e-mail address:		
What position(s) do you prefer to work?			
Secretary Custodian	Paraprofessional		
Preschool Elementary	yHigh School		
Other			
Have you ever filed an application with us before	re? Yes	No	
Have you ever been employed with us before?	Yes	No	
EDUCATIONAL EXPERIENCE			
High School:	Grad	Graduation date:	
Γechnical/Trade School:		Dates:	
Major/Minor:		_ Degree:	
College:		Dates:	
Major/Minor:		_ Degree:	
Graduate School(s):		_ Dates:	
Major/Minor:		_ Degree:	
Other Training:		Dates:	
Major/Minor:		Degree:	

## WORK EXPERIENCE

Employer:	Supervisor	•	
Position: Da	tes:	Full-Time:	Part-Time:
Telephone: E-mai	1:		
Employer:	Supervisor	:	
Position: Da	tes:	Full-Time:	Part-Time:
Telephone: E-mai	1:		
Employer:	Supervisor	:	
Position: Da	tes:	Full-Time:	Part-Time:
Telephone: E-mai	1:		
Name E-mail addre  1		Phone #	Ŀ
		Phone #	Ł
2.     3.			
ADDITIONAL INFORMATION			
Why do you want to work for ISD #173?			
State any additional information you believe will be	ne helnful to us	as we consider vo	our application

## GENERAL BACKGROUND INFORMATION

Were you ever convicted of a criminal offense?	Yes	* No
Are you currently under charges for a criminal offense?	Yes	* No
Within the past 10 years, have you been discharged from	a job? Yes	* No
Within the past 10 years, have you been ask to resign from	n a job? Yes	* No
Have you even been professionally disciplined in any state	te? Yes *	No
Are you subject to any visa or immigration status that cou	ıld prevent your lawful emp	oloyment?
	Yes	* No
* If you answered "Yes" to any of the questions above plesheet of paper (include dates, and attaché it with this apple	-	anation on a separate
The Mt. Lake School District periodically receives requesto refer applicants for employment. Do you grant permis purpose?		
APPLICANT SIGNATURE		
I hereby certify that the statements herein and all other in is true, complete, and correct to the best of my knowledge statements or significant omissions shall, at the direction application or dismiss me from employment. I authorize application for employment by verifying application informed and opinions regarding my qualifications, and checking reschools, colleges and individuals. I hereby release the Marepresentatives and such individuals or organizations from obtaining or furnishing such information. The Mt. Lake Sprivate data in accordance with Minnesota Statute Chapter	e and belief. I understand the of the school board, be growthe Mt. Lake School District rmation, obtaining other releaserences with present and the Lake School District, its en all liability or damage where School District is hereby au	hat any false unds to disqualify my ct to process my evant information formers employers, employees, its natsoever incurred in
Date Signature		
Date available for work:		

ISD #173 is an equal opportunity employer.