West Central Area Schools

301 County Road 2
Barrett, MN 56311

Employment Application

WCA Schools ISD #2342 is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a district representative.

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Position Applied for: _____

Date Available: _____ Desired Salary: $_____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

In accordance with the Immigration Reform and Control Act of 1986, Independent School District No. 2342 hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program.

Have you ever worked for this organization? YES ☐ NO ☐ If yes, when and what position? _____

Do you have any relatives working for the school district? YES ☐ NO ☐ If yes, please provide relationship _____

Have you ever been convicted of a felony? YES ☐ NO ☐ _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Supervisor's Name: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Supervisor's Name: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Supervisor's Name: _____

Volunteer Experience

Please list any relevant volunteer experience

Activity: _____

Organization: _____ Length of Service: _____

Supervisor: _____ Phone Number: _____

Activity: _____

Organization: _____ Length of Service: _____

Supervisor: _____ Phone Number: _____

Activity: _____

Organization: _____ Length of Service: _____

Supervisor: _____ Phone Number: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Achievements

Please list relevant current professional memberships, registrations or licenses (include date issued):

_____ Date: _____

_____ Date: _____

_____ Date: _____

Disclaimer and Signature

I understand that Independent School District No. 2342 has the right to verify information provided in this application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize Independent School District No. 2342 and any agent acting on its behalf to conduct any inquiry into any job related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the School District and any agent acting on its behalf from any and all liability by reason of requesting information from any person.

☐Yes or ☐Yes, but not present employer until job is offered

☐No (we may be unable to hire you without this information).

I declare that any and all statements made in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

Signature: _____ Date: _____

Veteran's Preference Points Supplement (must be completed by all applicants)

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statute § 43A.11. To be eligible for veteran's preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award points without it. You must supply a copy of your DD214. Disabled veterans must also apply supply Form PI-802 or an equivalent letter from a service retirement board. If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

Applicant's Name: _____

Position Applied for: _____

Are you applying for Veteran's bonus points? YES ☐ NO ☐

If you answered "yes" you must complete the application on this page. Your DD214 or other documentation must be received by the District Administration Office no later than seven (7) calendar days after the application deadline.

Veteran's Preference Points Application

Veteran: Self ☐ Spouse ☐ If spouse, please provide Veteran's name:

Branch: _____ Period of Active Duty from: _____ to: _____

Rank at Discharge: _____ Type of Discharge: _____

Date of Final Discharge: _____ Service # _____

Are you receiving or eligible for a military pension? YES ☐ NO ☐

Do you have a service related disability? YES ☐ NO ☐

Preference Requested:

☐ Veteran ☐ Disabled Veteran ☐ Spouse of Disabled Veteran ☐ Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions). If the documentation is not attached, it must be received by the District Office no later than seven (7) calendar days after the application deadline for the position to guarantee points are awarded in a timely manner. Supporting documentation is attached: Will be submitted within seven (7) days.