

# SOUTHERN MINNESOTA SPECIAL EDUCATION CONSORTIUM

## Application for Employment

***It is the policy of SOUTHERN MINNESOTA SPECIAL EDUCATION CONSORTIUM DISTRICT 6083 to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.***

**• DATA PRIVACY NOTICE**

The information requested on this application is intended to be used by the Consortium in determining 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, accurate information may result in the Consortium being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the Consortium may be unable to provide the necessary accommodations if you do not provide the information in the "Personal Data" section below. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside the Consortium without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

**• POSITION DESIRED**

Title of position for which you are applying: \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_

**• PERSONAL DATA**

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip*

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Are you either a U.S. citizen or legally eligible to hold employment in the United States? \_\_\_\_ Yes \_\_\_\_ No

Have you previously worked for the District? \_\_\_\_ Yes \_\_\_\_ No

If yes, position held/department: \_\_\_\_\_

If yes, under what name may your previous employment records be found? \_\_\_\_\_

Do you have any special needs which may necessitate accommodations in the application/interview process?  
\_\_\_\_ Yes \_\_\_\_ No      If yes, please describe below the type of accommodation requested:

\_\_\_\_\_  
List all other names under which you have been employed or under which your employment or educational records may be found.  
\_\_\_\_\_  
\_\_\_\_\_

**• WORK/VOLUNTEER EXPERIENCE**

List **all** work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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*Attach additional sheet, if necessary.*

**• LICENSURE**

List current licenses, registrations, or certificates relevant to the position for which you are applying.

<u>License/No.</u>	<u>Issued by</u>	<u>Date</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.*

**• EDUCATION**

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

List/describe any other training and/or experience relevant to the position for which you are applying:

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**• REFERENCES**

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The Consortium reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered, in addition to references listed below.

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**• CRIMINAL BACKGROUND INFORMATION**

Have you ever been convicted (or charged) with a misdemeanor or a felony? \_\_\_\_\_

If yes, explain the nature of the charge and the circumstances. \_\_\_\_\_

\_\_\_\_\_

Were you convicted and/or did you plead guilty? \_\_\_\_\_

Give the date, city, state and district where convicted: \_\_\_\_\_

\_\_\_\_\_

**• VETERAN STATUS**

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? \_\_\_Yes \_\_\_ No

Do you wish to claim Veteran's Preference Points? \_\_\_Yes \_\_\_ No

If you are a disabled veteran and wish to claim additional points, please check here. \_\_\_\_\_

***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 five (5) business days.***

**• PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? \_\_\_ Yes \_\_\_ No

If so, identify the employer and describe the circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**• PERSONAL STATEMENT**

Please indicate why you are interested in the position and what you hope to accomplish if selected.

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***In accordance with Minnesota State Statutes, 123B.03 and 299C.62, Southern Minnesota Special Education Consortium district 6083 will seek a criminal history background check from the Minnesota Bureau of Criminal Apprehension on applicants who receive an offer of employment with the school district.***

***All offers of employment will be contingent upon a determination that an applicant’s criminal history does not preclude the applicant from employment with the school district.***

**• CERTIFICATION, ACKNOWLEDGMENT AND RELEASE**

**I certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the Consortium.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Governing Board or the appointing authority referenced in the job description and that until such approval the Consortium shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, **I hereby authorize** any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such to release to the Consortium and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Consortium will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

**I hereby release** the Consortium and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said Consortium, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
**(Do Not Print)**

**Return to:** Southern Minnesota Special Education Consortium  
203 2<sup>nd</sup> Street NW  
Adams, MN 55909  
507-438-5397