



**Adrian Public Schools**  
**APPLICATION FOR EMPLOYMENT**  
PO Box 40, Adrian, MN 56110  
Phone: 507-483-2266 Fax: 507-483-2342

**I. EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of the Adrian Public School 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.

**II. DATA PRIVACY NOTICE**

The information requested on this application is intended to be used by the Adrian Public Schools 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 Adrian Public Schools 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 Adrian Public Schools may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the Adrian Public School without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

**III. POSITION DESIRED**

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

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

Where did you see/hear of this job opening? \_\_\_\_\_

**IV. 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 Adrian Public Schools? Yes \_\_\_ No \_\_\_

If yes, position held/department \_\_\_\_\_ When? \_\_\_\_\_

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

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

\_\_\_\_\_

**V. WORK/VOLUNTEER EXPERIENCE**

List *all* work and volunteer experience, most recent to be listed first.

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

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

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

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

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

**VI. LICENSURE**

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

License/No.	Issued By	Date	Expiration

*All applicable licenses or certification must be received in the Human Resources Office prior to employment commencing. Note: If hired, it is your responsibility to keep a current license on file at all times. Failure to do so may result in immediate discharge from employment.*

Have you ever had a license suspended, revoked or has any other action been taken with respect to your license, either in Minnesota or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the circumstances:

\_\_\_\_\_

**VII. EDUCATION**

**High School** (Include high school and/institution issuing GED and any additional education/courses taken.)

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

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

Diploma Received or number of years completed: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

(FOR TEACHING POSITIONS)

List college activities and any honors received before and after graduation:

\_\_\_\_\_  
\_\_\_\_\_

Special subjects qualified in: \_\_\_\_\_

Are you qualified to coach/direct any of the following? (Circle) Orchestra, Choir, Debate, Declamation, Dramatics, Football, Basketball, Baseball, Track, Tennis, Golf, Wrestling, Softball, Gymnastics, Volleyball, Playground Activities.

Do you have any experiences in the following? (Circle) Team Teaching, Departmentalized Elementary School, Ungraded Elementary School, Modular Scheduling.

If so, please describe briefly: \_\_\_\_\_  
\_\_\_\_\_

For K-6 applicants only: Do you sing? Yes \_\_\_\_\_ No \_\_\_\_\_

List instrument(s) played: \_\_\_\_\_

Can you teach any of the following? (Check) \_\_\_\_\_ Music \_\_\_\_\_ Penmanship \_\_\_\_\_ Art

Please make a brief statement of your philosophy of education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. 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 Adrian Public Schools 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: \_\_\_\_\_

**IX. CRIMINAL BACKGROUND INFORMATION**

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

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

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

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

*The Adrian Public School will conduct a criminal background check on individuals upon making a contingent job offer. The applicant who is offered employment must sign a criminal history consent form and provide a money order or check payable to the MN BCA in an amount equal to the actual cost of conducting the BCA criminal history background check. No offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable to Adrian Public School, and formal approval by the Adrian Public School Board of Education.*

**X. VETERAN STATUS (non-teaching positions only)**

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.***

**XI. PRIOR EMPLOYMENT**

Have you ever been discharged, forced to resign from employment or resign as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were the claimant/plaintiff?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify the employer and describe the circumstances: \_\_\_\_\_

**XII. PERSONAL STATEMENT**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIII. UNEXCUSED ABSENCES FROM WORK**

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? \_\_\_\_\_

**XIV. CERTIFICATION, ACKNOWLEDGEMENT 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 Adrian Public Schools.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Adrian Public School Board of Education and that until such approval that the Adrian Public Schools 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 a former employer or volunteer organizations, to release to the Adrian Public School 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 Adrian Public School 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 Adrian Public School and all former employers, volunteer organizations or references listed herein and any and all agents acting on behalf of the Adrian Public School, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting of providing such information.

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