Employment Application for Licensed Positions

TRIO Wolf Creek Distance Learning Charter School is an Equal Opportunity/Affirmative Action Educator and Employer

Please address this application and your confidential papers to:
TRIO Wolf Creek Distance Learning Charter School #4095
ATTN: PERSONNEL
13750 LAKE BLVD
LINDSTROM, MN 55045

Applicant: We sincerely appreciate your interest in our school district and assure you that your application will be given careful consideration. A clear understanding of your educational background and employment history will assist us in evaluating your qualifications for this position. Please take care to provide all of the requested information on this application form. DO NOT WRITE "SEE RESUME."

Position for which you are applying _____ **Date** _____

Area of Licensure: _____

Subject, grade(s), or level you prefer (in order of preference): _____

Extra-curricular events you are interested in leading/directing: _____

Name _____
Last Name *First Name* *Middle Name*

Address _____
Number/Street *City/State* *Zip Code* *Telephone Number*

Social Security Number *(optional)* _____ Daytime Phone Number _____

Have you ever been convicted for violation of the law other than a minor traffic ticket? Yes _____ No _____
(If yes, please give full details on a separate sheet).

Authorization for Background*/Reference Check: I give permission to TRIO Wolf Creek to make inquiries of references and former employers concerning my general character and past performance. I also give permission for the Personnel Office to request a character reference check and/or criminal history check from law enforcement agencies, the Bureau of Criminal Apprehension (or other agency the district may use), if they wish to do so. I authorize the agency receiving such request to give full and complete information as may be requested by TRIO Wolf Creek. I further agree that the information requested will become part of my personnel file if I am employed by TRIO Wolf Creek. (Note: failure to sign this authorization may disqualify you from consideration for employment.)
**A separate form must be completed to conduct a criminal background check.*

_____ _____
Applicant's Signature *Date*

Veterans' Preference Language:
Any applicant who is a honorably discharged veteran or the spouse of a deceased or disabled veteran must submit a copy of the completed *DD214 form* to the Charter School Director to claim veterans' preference. The TRIO Wolf Creek Distance Learning Charter School board has passed a motion that the charter school will not use a numerical system to implement veterans' preference benefits, but instead will interview all candidates who qualify for veterans' preference along with other qualified candidates in the interview pool.

I intend to invoke Veterans' Preference. Check appropriate box and initial. No ☐ Yes ☐ _____
Applicant's Initials *Date*

NOTICE TO ALL APPLICANTS: In accordance with the Immigration Reform and Control Act of 1986, it is unlawful for the School District to knowingly hire any person who is not authorized to work in the United States. In compliance with this statute, it is our intent to hire only authorized workers. All successful applicants for employment will be asked to verify that they are a United States citizen or an alien authorized to work in the United States. As a condition of continued employment, new employees will be asked to provide such verification as required by law within three (3) business days after the date of hire.

TRIO Wolf Creek Distance Learning Charter School is tobacco-free. Smoking or other use of tobacco in all buildings, grounds, and facilities is prohibited.

Education: Full information and dates are required.

Schools Attended	Name and Location	Major	Minor	Diploma or Degree	Did You Graduate?
High School					
College/University					
Graduate School					
Other					

What was your grade point average in college: Major _____ Minor _____ Overall _____

LICENSE INFORMATION:

Do you hold a valid professional license from the MN Dept. of Education in the area for which you have applied? Yes ___ No ___

Please give information below regarding your licensure:

Subject, grade, or Area of Licensure	Teaching Majors	Teaching Minors	Is Your License Current?

DISCIPLINARY ACTION* ***(See MN Statute 123B.03 Subd. 1a. Investigation of disciplinary actions taken against prospective teachers)*:**

Have you ever been the subject of disciplinary action by the Board of Teaching in MN or any other state for sexual misconduct or attempted misconduct? ____ Yes ____ No

If "yes", please complete the following:

In what state was the disciplinary action? _____ When? _____

What was the substance of the disciplinary action:

_____

_____

What was the outcome? _____

**Intentionally submitting false or incomplete information is grounds for dismissal.*

(Administrator will contact the MN Board of Teaching at 651-582-8833)

List below any other types of licensure held: (vocational, coaching, W.S.I., etc.) _____

_____

List college activities and honors received before or since graduation: _____

_____

What are your hobbies or avocations? _____

Student Teaching/Internship Information: *(Applicants with more than two years of relevant experience do not need to complete this section.)*

Name of school and city in which student teaching was done	Name of supervising teacher	Grade or subjects taught	No. of months	Hours per week

Employment History: Please provide a complete history of your work experience after graduation from high school. This information is used, in part, to determine beginning salary. If your teaching experience has not been continuous, indicate in detail what your occupation or activity was during the time you were not teaching.

Please list your **current or most recent employer first. Include dates for the last five (5) years only.** Attach additional sheets if necessary.

I.

Name of Employer	Grade/Subjects Taught or Title of Position	Dates From To		Total Time Years Mos
City and State	Name of Principal/Supervisor & Phone #	Full-Time	Part-time	Last Salary
Reason for Leaving:				
Duties & Responsibilities				

II.

Name of Employer	Grade/Subjects Taught or Title of Position	Dates From To		Total Time Years Mos
City and State	Name of Principal/Supervisor & Phone #	Full-Time	Part-time	Last Salary
Reason for Leaving:				
Duties & Responsibilities				

III.

Name of Employer	Grade/Subjects Taught or Title of Position	Dates From To		Total Time Years Mos
City and State	Name of Principal/Supervisor & Phone #	Full-Time	Part-time	Last Salary
Reason for Leaving:				
Duties & Responsibilities				

IV.

Name of Employer	Grade/Subjects Taught or Title of Position	Dates From To		Total Time Years Mos
City and State	Name of Principal/Supervisor & Phone #	Full-Time	Part-time	Last Salary
Reason for Leaving:				
Duties & Responsibilities				

References: Please give names and current addresses and phone numbers for supervisors or others who know of your teaching ability or work experience and can speak to your qualifications for this position.

Name	Current Address	Current Phone	Relation to Your Work

CRIMINAL BACKGROUND CHECK: I agree to complete a criminal background form and understand that the school district may permit me to commence my employment duties pending completion of the criminal history background check and acknowledge and agree that I may be terminated based on the results of that check.

CURRENT TEACHING LICENSE: I will provide a copy of my current teaching license within the first 10 working days after being hired.

CERTIFIED COPY OF CREDENTIALS: I will provide certified copies of my official transcript(s) of University credits within the first 20 working days after being hired.

I certify that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand my statements are subject to verification and that falsification or incomplete information on this application will disqualify me from employment or result in dismissal. I further understand that it is my responsibility to submit any changes in my availability, phone number and address to the Charter School in writing.

_____ _____

Date Applicant's Signature

Important Facts About Information On Your Application

This application is to assist in the process of referring you to our schools and departments for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to schools/department where you may be considered for employment (in compliance with M.S. 13.04, Subd. 2). If you are employed by the district, the data will be available to the Payroll Department, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes.

Private Data	**Why We Ask For It**	**Are You Legally Obliged To Provide It?**
Social Security Number	To distinguish you from all other applicants.	No
Name	To distinguish you from all other applicants.	Yes
Address	To be able to send you notices and other correspondence.	Yes
Home Phone Number	To be able to contact you to determine availability for interviews.	No
Sex, Race/Ethnicity, Disability Status	To enable us to make Equal Opportunity reports as required by law and to evaluate our recruitment efforts.	No
Conviction Record	To determine whether we may legally accept your application and to determine whether your record may be a job-related consideration.	Yes

TRIO Wolf Creek Distance Learning Charter School #4095

Equal Employment Opportunity Applicant Survey

TRIO Wolf Creek is committed to a policy of equality of opportunity in its employment practices and to an Affirmative Action program that ensures full consideration for employment to persons of color, women, persons with disabilities, veterans, and disabled veterans.

The following information is requested of all applicants for employment. It will be used in summary form to determine if our recruitment efforts are reaching all segments of the community and to meet periodic governmental reporting requirements. Information on the race and sex of individuals may be used to determine eligibility for Affirmative Action employment opportunities. Although providing this information is strictly voluntary, we appreciate your cooperation and assistance in our efforts to ensure equal employment opportunity.

This information will not become part of your employment application, nor will it be placed in your personnel file if you are subsequently employed.

Please complete and return the survey along with your employment application. **Thank you.**

Equal Employment Opportunity Applicant Survey

Title of Position Applying for _____ **Date** _____

Last Name _____ **First Name** _____ **MI** _____ **Area Code/Phone #** _____

Street Address _____ **City/State/Zip Code** _____

Age Group
- ❑ 16-25
- ❑ 26-39
- ❑ 40-49
- ❑ 50-59
- ❑ 60-69

Sex
- ❑ Female
- ❑ Male

Race/Ethnic Group *(check one)*
- ❑ African American (Black; origins in Africa)
- ❑ American Indian (origins in North America, including Alaska)
- ❑ Asian (origins in Far East, S.E. Asia, India, or Pacific Islands)
- ❑ European American (White; origins in Europe, No. Africa, or Middle East)
- ❑ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American)

How Did You Learn About this Job?
- ❑ College/Technical School
- ❑ State Job Service
- ❑ District Employee
- ❑ Walk-In
- ❑ Other _____