



LAKE OF THE WOODS

TO: All Prospective Applicants

FROM: Lake of the Woods School
Business Office/HR

RE: Employment Application Materials

If you are applying for a position with the Lake of the Woods School, please make note of the following application submission requirements.

Position Category	Letter of Interest	Completed Application Form	Completed Background Check Form	Resume	College Transcript(s)	Reference Letters	Other
Admin/Admin Support	X	X	X	X	X	X	
Teachers	X	X	X	X	X	X	
Paraprofessionals	X	X	X	X	X	X	
Food Service		X	X				
Maintenance		X	X				
Bus Drivers		X	X				
Coaches		X	X				

If you have questions regarding any submission, please do not hesitate to contact the Human Resources Office at 218-634-2735.



LAKE OF THE WOODS

Lake of the Woods School
 ISD #390
 P.O. Box 310
 236 15th Avenue SW
 Baudette, Minnesota 56623
 218-634-2735

Employment Application

PLEASE PRINT

Position:	Date Available For Work:	Today's Date:
Last Name:	First Name:	Middle Name:
Street Address	City/State:	Zip Code:
Telephone:	Cell Telephone:	E-mail Address:

Are you at least 18 years of age? Yes No

Are you a United States Citizen and can you provide proof of citizenship? Yes No

OR, do you have permission to work in this Country? Yes No

Have you previously applied, been interviewed or been employed by the Lake of the Woods School District? Yes No
 If Yes, provide details (date(s) and job title):

Are you related to anyone currently working in any position (full-time, part-time, seasonal, temporary or appointed) for the Lake of the Woods School District? Yes No
 If Yes, provide details (name and job title):

EDUCATION

Did you graduate from High School or receive a GED? Yes No

Name of High School:

Address, City, Zip Code:

Type of School	Name and Location	Dates of Attendance	Diploma/Degree Received	Major/Minor	G.P.A.
College/University	Address:	From:			
Name:		To:			
College/University	Address:	From:			
Name:		To:			
Graduate School	Address:	From:			
Name:		To:			
Technical School	Address:	From:			
Name:		To:			

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets, if necessary.

PLEASE PRINT OR TYPE

Employer:	Phone:	Dates Employed (MO/YR):
Address:	From:	To:
City/State/Zip:	Total (Years/Months):	
Supervisors Name & Title:	Hours worked per week:	
Position Held:	Reason for Leaving:	
Primary Responsibilities:		

May we contact this employer? Yes No If No, please indicate reason:

Employer:	Phone:	Dates Employed (MO/YR):
Address:	From:	To:
City/State/Zip:	Total (Years/Months):	
Supervisors Name & Title:	Hours worked per week:	
Position Held:	Reason for Leaving:	
Primary Responsibilities:		

May we contact this employer? Yes No If No, please indicate reason:

Employer:	Phone:	Dates Employed (MO/YR):
Address:	From:	To:
City/State/Zip:	Total (Years/Months):	
Supervisors Name & Title:	Hours worked per week:	
Position Held:	Reason for Leaving:	
Primary Responsibilities:		

May we contact this employer? Yes No If No, please indicate reason:

Employer:	Phone:	Dates Employed (MO/YR):
Address:	From:	To:
City/State/Zip:	Total (Years/Months):	
Supervisors Name & Title:	Hours worked per week:	
Position Held:	Reason for Leaving:	
Primary Responsibilities:		

May we contact this employer? Yes No If No, please indicate reason:

EMPLOYMENT INFORMATION (CONTINUED):

Have you ever been dismissed or asked to resign from any employment? Yes No

If yes, please provide details including the reasons and the employer(s) involved.

Have you ever been refused employment? Yes No If yes, please provide details including the reasons and the employer(s) involved.

Other Qualifications: Summarize other job-related skills and qualifications acquired from employment, education or volunteer experience.

Is there any additional information you believe would be helpful when considering your application?

REFERENCES: Please list at least three supervisory references (not relatives) that you have worked for that can attest to your qualifications. Provide name, complete address, position held by the reference and telephone number including area code.

Name	Address City, State, Zip	Position	Telephone Number
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DRIVER'S LICENSE INFORMATION

A valid driver's license is a requirement for certain positions if a District vehicle is used. Please complete this supplement identifying current information regarding your driving privileges.

State:	License No.:	Expiration Date:	Class	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
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List any Endorsements:

Have you ever had a driver's license issued by another name? YES ___ NO ___ If YES provide name.

Have you ever had a driver's license issued by another state? YES ___ NO ___ If YES, provide details.

Has your driver's license ever been suspended, revoked or placed on court probation by another state?

YES ___ NO ___ If YES, list and provide details.

Do you have any restrictions on your license? YES ___ NO ___ If YES, provide details.

Have your driving privileges ever been denied, suspended or revoked? YES ___ NO ___ If YES, provide dates and details.

Driver's License Checks and Criminal History Background Checks

The Lake of the Woods School conducts driver's license checks and criminal history background checks on all regular full-time employees, part-time employees, temporary and seasonal employees.

All Lake of the Woods School employees must maintain **less than four (4) points** on their evaluations to operate School District owned vehicles and equipment.

Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (Minnesota Statutes 299C.61 and 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes. Before any applicant is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

ELECTION OF VETERAN'S PREFERENCE (Minnesota Statute 197.455)

Preference points are awarded to qualified veterans and spouses of deceased veterans to add to their application results. Points are awarded subject to the provisions of MN Statute 197.455. To be eligible for veteran's preference points you must: (1) Be separated under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability rated at 50% or more, incurred while serving on active duty, and be a citizen of the U.S. or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify. 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. However, we cannot award veteran's points without the required documents. You must supply a copy of your DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from a Service Retirement Board or the Department of Veteran's Affairs. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificate.

If you are a veteran, do you wish to claim veteran's preference? YES NO

If Yes, please check the preference you are claiming:

- 5 -Veteran – Attach a copy of your DD 214.
- 10-Disabled Veteran – Must be disability rated at 50% or higher to receive points. Attach a copy of your D214 and FL 802 (or an equivalent letter from a service retirement board) to receive 10 points.
- 5 -Spouse of a deceased veteran. Attach a copy of your marriage certificate, the veteran's DD 214 and the death certificate to receive 5 points.
- 10-Spouse of a disabled veteran who is unable to use preference due to disability. Attach a copy of your marriage certificate, the veteran's DD 214 and FL 802 (or an equivalent letter from a service retirement board) to receive 10 points.

NOTICE TO APPLICANT: Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law.

Private data contained above:

NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.

LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

CITIZENSHIP STATUS: Used to certify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

APPLICANT'S STATEMENT

I certify that I have read the **"Notice to Applicant"**, regarding the MN Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the Lake of the Woods School District, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, I may be required to submit to and pass a drug and/or alcohol screen. I may be required to submit to and pass a background investigation, psychological examination, a physical examination and a physical ability test if related to the position for which I am applying.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations. By signing this form, I hereby acknowledge I have read and understood the above statements. **Failure to sign this form may result in rejection of your application.**

Signature of Applicant

Date

Independent School District #390

Lake of the Woods School
P.O. Box 310
Baudette, Minnesota 566232

For Criminal History Background Check

Date: _____

The following named individual has made application with ISD #390 for employment, athletic coaching or supervision of other extracurricular academic activities.

Full Name of Individual:

First Middle Last
(PLEASE PRINT)

Maiden/Previous/Alias: _____

Date of Birth: _____
Month Date Year

Sex (M or F): _____

I, _____,
First Middle Last

authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history information to Douglas Sell, Business Manager, Lake of the Woods School, pursuant to Minnesota Statute 123B.03 for the purpose of employment at Lake of the Woods School, ISD #390.

CONDITIONAL HIRING

I understand that Lake of the Woods School, ISD #390, may permit me to commence employment duties, provide athletic coaching services or supervise other extracurricular activities pending the completion of the criminal history background check. I hereby acknowledge and agree that my employment or services may be terminated based on the result of the criminal background check.

The expiration of this authorization shall be for a period no longer than twelve months from the date affixed adjacent to my signature below.

Signature of Applicant

Date

Subscribed and sworn before me this

_____ day of _____, 20____

Seal

Notary Public

The school district will forward this form along with a check for \$15 and a stamped self-addressed envelope to:
Minnesota Bureau of Criminal Apprehension
Criminal Justice Information System-CHA
1430 Maryland Ave East
St. Paul, MN 55106