



# Minnesota Valley Education District

801 Davis Street – St. Peter, MN – 56082

Special Education District serving:  
Cleveland \* Lake Crystal Wellcome Memorial \* Le Sueur-Henderson  
Maple River \* Nicollet \* St. Clair \* St. Peter  
Phone: 507-934-5420 Fax: 507-934-5893

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Previous Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

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

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College/ University: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Major \_\_\_\_\_ # of Semester Hours \_\_\_\_\_ Minor \_\_\_\_\_ # of Semester Hours \_\_\_\_\_

College/ University: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Major \_\_\_\_\_ # of Semester Hours \_\_\_\_\_ Minor \_\_\_\_\_ # of Semester Hours \_\_\_\_\_

Certified Applicants: If hired, transcripts for each institution listed must be received in the business office on or before your first day of work.

Education (continued)

Highest Degree Attained:  None  Associates  MA/MS/etc.  Tech. Certification  Ed Specialist/6<sup>th</sup> year/etc.  BA/BS/etc.  Ed.D/Ph.D/etc. Overall GPA: \_\_\_\_\_ Undergraduate: Major GPA: \_\_\_\_\_ Graduate: Major GPA: \_\_\_\_\_

Number of graduate hours beyond your highest degree \_\_\_\_\_ Graduate program area of study \_\_\_\_\_ List honors, awards, or distinctions you've earned \_\_\_\_\_

Licensure

Do you hold a Minnesota License: YES  NO  If no, have you applied for one? YES  NO  If yes, list your license(s) and/or MN File Folder Number: \_\_\_\_\_

Category: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Active? YES  NO

Category: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Active? YES  NO

Category: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Active? YES  NO

References

Please list three professional references.

Full Name & Position: \_\_\_\_\_ Relationship: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name & Position: \_\_\_\_\_ Relationship: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name & Position: \_\_\_\_\_ Relationship: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Current/Previous Employment

Employer Name \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Student Teaching/Internship (if relevant to desired position)**

School District: \_\_\_\_\_ School Phone: \_\_\_\_\_

Location or Building: \_\_\_\_\_ Name and Phone of Cooperating Teacher or Field Supervisor: \_\_\_\_\_

Grade Level(s) or Subject Area(s) Taught: \_\_\_\_\_ Name and Phone of University Supervisor: \_\_\_\_\_

Date Completed \_\_\_\_\_ Length of Experience \_\_\_\_\_ School Year: \_\_\_\_\_ Academic Grade Received: \_\_\_\_\_

**Additional Student Teaching/Internship Experience**

School District: \_\_\_\_\_ School Phone: \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| Location or Building:                        |  | Name and Phone of<br>Cooperating Teacher or<br>Field Supervisor: |  |
| Grade Level(s) or<br>Subject Area(s) Taught: |  | Name and Phone of<br>University Supervisor:                      |  |
| Date<br>Completed                            |  | Length of<br>Experience  |  |
|  |  | School Year:   |  |
|  |  | Academic Grade<br>Received:                                      |  |

**Statements**

**Please only respond to the questions that relate to the position you are applying for. If necessary, attach additional pages.**

**Certified/Licensed Staff (teachers, psychologists, social workers, OTs, PTs, SLPs, MHPs, therapists, etc.)**

Describe the skills or attributes you believe are necessary to be an outstanding teacher, student support staff, etc.

How would you address a wide range of skills and abilities in your classroom or groups?

**\*Certified/licensed staff please include copies of the following:**

- Teaching certificate/license
- Letter of introduction
- Current resume
- Transcripts
- 3 letters of reference

**Non-Certified Staff**

Please explain how your past personal and professional experience make you a quality candidate for the position for which you are applying?

**\*Non-certified staff please include copies of the following:**

- Letter of introduction
- Current resume

## Veteran's Preference

Minnesota Statute 197.455 provides, in pertinent part, that applicants having a valid claim of Veteran's Preference be granted preference in the selection process. This provision does not guarantee that applicants having valid claim be interviewed or hired. All claims are verified by the district through review form DD214.

Do you wish to claim veteran's preference? YES  NO

If yes, which preference are you claiming?

- Veteran
- Disabled Veteran
- Spouse of deceased veteran
- Spouse of disabled veteran

Did you serve in active military service on or after 9/11/2001? YES  NO

NOTE: If you elect to use veteran's preference, you are required to include proper documentation (a copy of discharge document – Form DD214) establishing your right to claim the preference. Please provide a copy of your DD214 on or before the posting deadline.

## Disclosures

### Contract Status

Are you currently under contract? YES  NO

If yes, which district?

If yes, when does it expire?

When may your present employer be contacted?

### Professional Status

Have you obtained tenure status in any other school district? YES  NO

If yes, where?

When?

Have you ever been denied tenure? YES  NO

If yes, explain:

Have you ever had a teaching certificate or teaching license revoked or suspended? YES  NO

If yes, explain:

Have you ever failed to be rehired, been asked to resign a position, resigned to avoid termination, or terminated from employment? YES  NO

If yes, explain:

### Other

Are you a relative of any board member, administrator, or supervisor who is currently serving the school district? YES  NO

Name:

Position:

Relationship:

Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation? YES  NO

List any accommodations:

## Legal Information

Please note: Applicants are not obligated to disclose sealed or expunged records.

Are you eligible to work in the United States? YES  NO

Have you ever been convicted of a criminal offense other than a minor traffic violation? YES  NO

If yes, explain, giving dates:

*Please note: A conviction will not necessarily bar you from employment. Facts, such as date of occurrence and rehabilitation will be considered. This information will be used only for job-related purposes and only to the extent permitted by applicable law.*

Have you ever had any indicated finding of child abuse filed in your name? YES  NO

If yes, explain, giving dates:

Does your name appear on any Sex Offender Database in any state or country? YES  NO

### Equal Opportunity Employer

Minnesota Valley Education District is an Equal Opportunity Employer. Minnesota Valley Education District ensures equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, sexual orientation or disability. Minnesota Valley Education District has a policy of active recruitment of qualified minority teachers and non-certified employees. Any individual needing assistance in making application for any opening should contact the Department of Human Resources.

### Applicant's Acknowledgment and Agreement

By checking the box below, candidate authorizes the school district to conduct an investigation of candidate pursuant to The School Code to determine whether candidate has been convicted of any criminal or drug offenses as set forth in such statute, and, upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. The School Code also stipulates that the school district perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I agree to all of the terms above.

I agree

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **To submit your application materials:**

- save and submit as an email attachment to [employment@mnved.org](mailto:employment@mnved.org)
- OR-
- print and deliver in person or via mail to 801 Davis Street, Saint Peter, MN 56082

## EEO Form

Government agencies require us to collect information and file periodic reports regarding the gender, race and/or ethnicity of applicants. The data collected enables us to analyze our hiring processes, and to ensure equal employment opportunity. The information requested below is voluntary and will not be available to individuals involved in the hiring process. This information is kept separate from your application so that it remains confidential.

**Gender:**

- Male
- Female
- I choose not to respond

**Ethnic Group:**

- Hispanic or Latino
- Not Hispanic or Latino
- I choose not to respond

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

**Racial Group:**

- White/Caucasian
- Black/African-American
- Asian
- Hispanic or Latino
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- I choose not to respond

**THE INFORMATION PROVIDED ON THIS FORM WILL BE KEPT SEPARATE FROM YOUR APPLICATION FILE AND WILL NOT BE USED FOR ANY DECISIONS REGARDING THE TERMS AND/OR CONDITIONS OF YOUR EMPLOYMENT. THANK YOU.**

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To submit your application materials:**

- save and submit as an email attachment to [employment@mnved.org](mailto:employment@mnved.org)
- OR-
- print and deliver in person or via mail to 801 Davis Street, Saint Peter, MN 56082