

Please list most recent employer first
 May we contact your present employer if needed Yes No

PREVIOUS EMPLOYMENT	Employer (Company Name)		Immediate Supervisor		Your Job Title	
	Street Address		Telephone		Employment Dates From To	
					Full Time or Part Time	
	City		State Zip		Reason for leaving	
	Employer (Company Name)		Immediate Supervisor		Your Job Title	
	Street Address		Telephone		Employment Dates From To	
					Full Time or Part Time	
	City		State Zip		Reason for leaving	
	Employer (Company Name)		Immediate Supervisor		Your Job Title	
	Street Address		Telephone		Employment Dates From To	
					Full Time or Part Time	
	City		State Zip		Reason for leaving	
	Employer (Company Name)		Immediate Supervisor		Your Job Title	
Street Address		Telephone		Employment Dates From To		
				Full Time or Part Time		
City		State Zip		Reason for leaving		
To list additional experience attach a separate sheet						
REFERENCES	List two people whom we can contact for an employment reference					
	Name			Name		
	Street Address			Street Address		
	City		State Zip		City	
					State Zip	
	Occupation		How long known?		Occupation	
				How long known?		
Telephone Home		Work		Telephone Home		
				Work		

I hereby authorize District 917 to make such inquiries and investigations of my personal employment as may be necessary in arriving at an employment decision. All offers of employment are contingent upon the findings of a criminal background check. Additionally, I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment with District 917, I understand that false or misleading information given in this application or job interview(s) may result in my discharge. If employed in District 917, I understand that I will be required to abide by Intermediate School District 917 Policies.

Date _____ Signature of Applicant _____

This employment application and supplements can be made available in alternative format, such as large print, Braille or audio tape, upon request. Please call the Personnel Office at: (651) 423-8206. For TTY, contact the MN Relay Service at: 1-800-627-3529 or 711.

Information other than that classified as public information will be treated confidentially.



**INTERMEDIATE SCHOOL DISTRICT 917
SUPPLEMENT TO EMPLOYMENT APPLICATION**

NAME _____ **DATE** _____

POSITION APPLYING FOR _____

All applicants please respond to the following questions:

1. Are you currently under contract? Yes ___ No ___
If yes, where? _____ Present Position _____
2. If under contract, can you be released if you are offered another position?
Yes ___ No ___
3. How many days were you unexcusably absent from work during the preceding year(s), excluding absences due to illness of applicant or immediate family?
4. Why are you interested in this particular position?
5. Have you ever been discharged or asked to resign from a position, including discharge for conflict of interest?
Yes ___ No ___ (If yes, please explain)
6. Have you ever been convicted for a criminal offense, including felony, gross misdemeanor or misdemeanor? Yes ___ No ___ (If yes, please explain)

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7. Have you been convicted of an offense of any kind involving the abuse of a minor child or vulnerable adult, including, but not limited to, molestation, sexual assault, neglect, or any other physical, sexual or mental abuse?

Yes ____ No ____ (If yes, please explain)

8. Are any criminal charges or proceedings pending against you or are you currently subject to a criminal investigation of any kind?

Yes ____ No ____ (If yes, please explain)

Teacher and administrator applicants only please respond to the following questions:

1. Have you ever been refused tenure or a continuing contract?

Yes ____ No ____ (If yes, please explain)

2. Have you ever had a teaching license revoked or suspended?

Yes ____ No ____ (If yes, please explain)

I certify that answers given above are true and complete to the best of my knowledge. In the event of employment with Intermediate School District 917, I understand that false or misleading information given in this application or job interview(s) may result in my discharge. If employed by Intermediate School District 917, I understand that I will be required to abide by Intermediate School District 917 policies.

Signature of Applicant _____ Date _____

Information other than that classified as public information will be treated confidentially.