



KELLIHER PUBLIC SCHOOL
345 4TH STREET NW
KELLIHER, MN 56650
(218) 647-8286

*“Developing leaders
and life-long learners
in a community that
promotes
rigor, relevance, and
respect”*

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, status with regard to public assistance, sexual orientation or any other status protected by law.

POSITION FOR WHICH YOU ARE APPLYING: _____

DATE OF APPLICATION: _____

Each time you apply for a position, you must send a new letter of application. Applications are kept on file for a period of twelve months. You may use your resume to supplement this summary; however, please complete the entire application.

Have you ever been employed with us before? Yes No

If yes, give dates and position: From ___/___/___ To ___/___/___ Position: _____

NAME _____
Last First Middle

ADDRESS _____
Number Street

City State (Area Code) Telephone Number

VETERAN STATUS: 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

VETERAN’S PREFERENCE: If you are a veteran or the spouse of a deceased or disabled veteran and wish to claim veteran’s preference, you must present a legible photocopy of your DD214 to the District. If your claim is approved, 10 or 15 additional points will be added to your final passing score.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

NATURE OF OFFENSE _____ DATE _____
(Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying.)

1. EDUCATION

Attended	Name and Location	# of Years Completed	Degree	Graduated (Y/N)
High School				
College(s)				
Trade School				
Other				

2. EMPLOYMENT

Please give complete full-time and part-time employment record. Start with present or most recent employer.

EMPLOYER	# OF YEARS EMPLOYED	TYPE OF EXPERIENCE
Name		
Address	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Full-Time ____ Part-Time ____ Hours: _____	
Supervisor Tel.		
EMPLOYER	# OF YEARS EMPLOYED	TYPE OF EXPERIENCE
Name		
Address	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Full-Time ____ Part-Time ____ Hours: _____	
Supervisor Tel.		
EMPLOYER	# OF YEARS EMPLOYED	TYPE OF EXPERIENCE
Name		
Address	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Full-Time ____ Part-Time ____ Hours: _____	
Supervisor Tel.		

3. PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FOLLOWING ARE QUESTIONS THAT PERTAIN TO SPECIFIC AREAS OF EMPLOYMENT. PLEASE COMPLETE ONLY THE SECTION THAT APPLIES TO THE AREA IN WHICH YOU ARE APPLYING; THEN CONTINUE WITH SECTION #9

4. FOOD SERVICE

Do you have experience cooking for large groups? ____ Yes ____ No

If yes, please describe: _____

If hired, would you be willing to attend food service courses leading towards certification with the Minnesota School Food Services Association if requested by the district? ____ Yes ____ No

5. ADMINISTRATIVE SUPPORT

Years of Experience:

Remarks:

<input type="checkbox"/> General Office	_____
<input type="checkbox"/> Receptionist	_____
<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Spreadsheet Use	_____
<input type="checkbox"/> Database Use	_____

Do you have any experience or knowledge of school district software (i.e. SmartFinance, SmartHR, Synergy)?

____ Yes ____ No. If yes, please describe: _____

Do you have any experience in or knowledge of school district reporting mechanisms (i.e. MARSS, UFARS, etc.)?

____ Yes ____ No. If yes, please describe: _____

6. PARAPROFESSIONAL

Paraprofessionals are required to have at minimum one of the following: an Associate's degree, two years completed at an institute of higher education, or a passing score on the Para Pro exam. If you do not have the education requirements as indicated in section 1, have you taken the Para Pro exam? ____ Yes ____ No. If yes, please attach a copy showing passing grade; if no, would you be willing to take the exam should you be the successful candidate? ____ Yes ____ No

EXPERIENCE WITH CHILDREN

TYPE OF EXPERIENCE	LOCATION	DATES

Do you have experience working with handicapped children or children with special needs? ____ Yes ____ No

If yes, please explain: _____

Do you have computer skills and/or experience? ____ Yes ____ No

If yes, please describe: _____

Check if you have current: First Aid Certificate ____ CPR ____ CPI ____

7. CUSTODIAL

Please check if you have experience in any of the following areas in a setting other than your home: (Example – School, Hotel, Hospital, etc.)

____ Sweep ____ Vacuum ____ Dust-Polish ____ Wet-Wash ____ Mop ____ Refuse Disposal ____ Building Security

Do you have a current boiler operator's license? ____ Yes ____ No If yes, please provide a copy.

FLOOR MAINTENANCE EQUIPMENT

Check the following equipment that you have operated: _____ Scrubber _____ Buffer _____ Wet/Dry Vacuum

GROUND CARE EQUIPMENT

Check the following equipment that you have operated: _____ Riding Lawnmower _____ Push Mower _____ Tractor
_____ Snow Blower _____ Tree/Shrub Trimming _____ Fertilizers/Applications

CARPENTRY EXPERIENCE

Do you have experience and skills in the operation of: _____ Table Saw _____ Circular Saw _____ Miter Saw
_____ Other, Explain: _____

ELECTRICAL EXPERIENCE

Have you ever: _____ Done your own wiring _____ Replaced Ballasts _____ Replaced Fuse Stat _____ Replaced Fuse
_____ Wired Outlet _____ Other, Explain: _____

Are you familiar with: _____ Steam & Its Application _____ Electrical Heat & Its Application _____ Water Heat & Its
Application

8. BUS DRIVER

DRIVERS LICENSES:

State	License Number	Type	Expiration Date

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates of Operation	Approx. Total Miles Driven
School Bus			
Straight Truck			
Tractor/Semi-Trailer			
Other			

ACCIDENT RECORD: (For past 3 years – start with most recent first. Attach an additional sheet if needed.)

Date of Accident	Nature of Accident (i.e. head-on, etc.)	No. of Injuries	No. of Fatalities

TRAFFIC CONVICTIONS AND/OR FORFEITURES: (For past 3 years – other than parking violations)

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Have you ever had any license, permit or privilege to operate a motor vehicle suspended or revoked? _____ Yes
_____ No

If the answer to either of these questions is yes, please attach a statement giving details.

9. DATA PRIVACY NOTICE

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

Do you have any special needs which may necessitate accommodations in the application/interview process? Yes No

If yes, please describe the type of accommodation requested: _____

10. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

In connection with this application I hereby authorize any and all former employers and references named in this application, or any agent of such former employer, to release to the Kelliher School District 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 Kelliher Public School District 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 Kelliher Public School District and all former employers and references listed herein and any and all agents acting on behalf of said District, former employers or references, for any and all liability of whatever nature by reason of requesting or providing such information.

The statements made and information given in this application, are, to the best of my knowledge, true, accurate and complete. I understand they are subject to verification by the Kelliher School District and hereby give permission for such verification. I further understand that if I have made any false or misleading representation in this application, I will not be hired. If any false or misleading representations are discovered after I have been hired, I understand my employment may be terminated.

Name: _____

Signature: _____

Date: _____