

### **Employment Application**

Thank you for your interest in employment with the Prairie Creek Community School (PCCS). PCCS is an equal opportunity employer. Selection of applicants will be made without discrimination on the basis of race, color, creed, religion, national origin, gender, marital status, economic, disability, sexual orientation or age.

The information requested on this application may be used by PCCS in determining the 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 and accurate information may result in PCCS being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, PCCS 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 PCCS without your consent except as necessary for tax purposes or as otherwise required by State or Federal law.

In accordance with the Immigration Reform and Control Act of 1986, it is unlawful for PCCS to knowingly hire unauthorized workers. If hired, you will be required to provide proof that you are a United States citizen or an alien authorized to work in the United States. As a condition of employment, new employees will be required to provide such verification as required by law within three (3) business days after the date of hire.

Date:							
Position Applying For: _							
Employment Desired: [	☐ Full-Time Only	☐ Part-Time Only	☐ Full-Time OR	Part-Time			
How many hours can yo	u work weekly? _		Can you work	Can you work nights? ☐ Yes ☐ No			
Do you have any needs that may necessitate accommodations in the application/interview process? ☐ Yes ☐ No							
If yes, please describe the	he type of accomn	nodation requested: _					
How did you hear about	the position you a	are applying for?					
		PERSONAL II	NFORMATION				
Name:							
	(Last)		(First)		(Middle)		
Address:							
	(Street)		(City)	(Sta	te)	(Zip Code)	
Phone Number: (Home)		(Work)		(Cell)			
Email:							

GENERAL INFORMATION					
1. Date Available to Begin Employment:					
. If you are under age 18, please list age:					
3. Are you either a U.S. citizen or legally eligible to work in the United States? $\ \square$	res □ No				
4. Have you ever worked for PCCS before? ☐ Yes ☐ No					
If yes, give approximate dates, position(s) held and name if different than above	:				
5. Are you related to anyone who works for PCCS? ☐ Yes ☐ No					
If yes, give name and relationship:					
6. Are you fluent in any language(s), including sign language, other than English?	☐ Yes ☐ No				
If yes, which language(s):					
7. Do you have a valid Minnesota drivers license? ☐ Yes ☐ No					
8. Have you had any moving violations in the last three (3) years? $\ \square$ Yes $\ \square$ No					
If yes, please explain:					
LICENSES					
List current licenses, registrations or certificates required for the job that you are a	pplying for.				
License or Certificate Type	Date First Issued	Expiration Date			
Have you ever had a license to teach suspended, revoked or has any other action been taken, with respect to your teaching license, either in Minnesota or any other state (this includes disciplinary action for sexual misconduct or attempted sexual misconduct with a student)?   Yes  No					
If yes, please explain the circumstances:					
All applicable licenses or certifications must be received by PCCS prior to employn keep a current license on file at all times. Failure to do so may result in discipline to	nent. If hired, it is you up to and including ter	r responsibility to mination.			
CRIMINAL BACKGROUND INFORMA	ATION				
PCCS will conduct a criminal background check on individuals upon making a conshall become final until the criminal background check is received, the content of web PCCS.					
1. Do you have any misdemeanor or felony charges pending? ☐ Yes ☐ No					
If yes, please explain:					
2. Have you ever been convicted of a misdemeanor or a felony? ☐ Yes ☐ No If yes, please explain:					
3. Have you ever been convicted of any offense involving the sexual molestation, prape of a child? ☐ Yes ☐ No	physical abuse or negl	ect, sexual abuse or			

#### **EDUCATION**

Please attach additional sheets if necessary.

Name of high school, college, technical, trade, business or	Dates Attended				Degree or Certificate	
other schools attended	Location	From	То	Major or Program Title	Granted	

## **WORK EXPERIENCE**

Please print clearly. List your work experience for the past five years beginning with your most recent work experience (list each experience separately even in the same organization). Attach additional sheets if necessary. Be sure to include all information requested below.

mormation requested below.				
Experience #1 (Current or Most Recent Employe	er)			
Name of Employer:			Phone Number:	
Employer Address:				
our Last Job Title: Employment Dates: From To			To	
Last Supervisor:				Final
	Major Job Dut	ies Perform	ed	
1				
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	YES, but no	ot until job is offered	□ NO
Experience #2				
Name of Employer:		Employer	Phone Number:	
Employer Address:				
Your Last Job Title:		Employme	ent Dates: From	То
Last Supervisor:	st Supervisor: Hours Per Week: Pay or Salary: Start Final			Final
	Major Job Dut	ies Perform	ed	
1				
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	YES, but no	ot until job is offered	□ NO

Experience #3				
Name of Employer:	Employer Phone Number:			
Employer Address:				
Your Last Job Title:	Employment Dates: From To			
Last Supervisor:	Hours Per W			Final
	Major Job Du	ities Perform	ed	
1				
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	I YES, but no	t until job is offered	□ NO
Experience #4				
Name of Employer:		Employer F	Phone Number:	
Employer Address:				
Your Last Job Title:		Employme	nt Dates: From	То
Last Supervisor:	Hours Per W	eek:	Pay or Salary: Start	Final
	Major Job Duties Performed			
1				
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	I YES, but no	t until job is offered	□ NO
Experience #5				
Name of Employer: Employer Phone Number:				
Employer Address:				
Your Last Job Title:		Employme	nt Dates: From	То
Last Supervisor:	Hours Per W	eek:	Pay or Salary: Start	Final
	Major Job Du	ıties Perform		
1	•			
2.				
3.				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	I YES, but no	t until job is offered	□ NO

# **REFERENCES**

These should be people in a position to discuss your qualifications for the position you seek. PCCS reserves the right to contact all prior employers or educational institutions in addition to the references listed below.

Reference #1						
Name:	Title:	Phone #:				
Address:						
Reference #2						
Name:	ne: Title: Phone #:					
Address:						
Reference #3						
Name:	Title:	Phone #:				
Address:						
	VETERAN'S PREFERENCE					
To qualify for veteran's preference points du	ıring the screening process you must n	neet all of the following:				
<ol> <li>Have separated under honorable conditions from any branch of the U.S. armed forces;</li> <li>Have served on active duty for 181 consecutive days or more OR for the full period ordered to active duty OR have separated by reason of disability incurred while serving on active duty;</li> <li>Are a United States citizen or resident alien;</li> <li>Not be eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.</li> </ol>						
Please check any that apply.						
<ul> <li>□ I am a non-disabled veteran (5 points)</li> <li>□ I am a disabled veteran with a currently existing, compensable, service-connected disability as judged by the U.S. Veteran's Administration or by the Retirement Board of the Branches of the Armed Forces (10 points)</li> <li>□ I am the widow/widower (not remarried) of a deceased veteran (5 points)</li> <li>□ I am the spouse of a disabled veteran who cannot work because of the disability (10 points)</li> </ul>						
If you checked any box above you must progranted.	vide PCCS with a copy of your DD214 fo	orm before the preference points will be				
CERTIFICATIO	NS, ACKNOWLEDGEMENT A	ND RELEASE				
I certify that the information that I have provunderstand that false or misleading informa other accompanying or required documents for my immediate termination should I become	tion provided or any omission or conce ) will disqualify me from consideration	alment of facts on this application (or any				
I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with PCCS creates an actual or implied contract of employment. I understand that, if I accept employment with PCCS, it will be on an at-will basis. This means that either PCCS or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.						
I agree to submit to drug and alcohol testing, if requested by PCCS. I release PCCS and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.						
In connection with this application for employment, I authorize PCCS and any agent acting on its behalf to conduct an inquiry into any job related information contained in this application. This includes my records maintained by an education institution relating to academic performance such as transcripts, previous employment and all other aspects of my background relevant to my proposed employment. I release PCCS and its employees from all liability arising from such investigation.						
Signature:		Date:				
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#### **TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, Prairie Creek Community School is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with Prairie Creek Community School. All data collected is considered private except for the following:

- (1) Your veteran's status
- (2) Relevant test scores
- (3) Your rank on our eligibility list
- (4) Your job history
- (5) Your education and training
- (6) Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of Prairie Creek Community School. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate school employees, and others as provided by state and federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the Prairie Creek Community School in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the Prairie Creek Community School to

monitor protected class employment and to meet federal, state, and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Signature:	Date:	