

SPRINGFIELD INDEPENDENT SCHOOL DISTRICT NO. 85

APPLICATION FOR TEACHING POSITION

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Springfield Independent School District No. 85 to provide equal employment opportunity without discrimination on the basis of race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance, disability, sexual orientation, or age. The Springfield Public School District is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act (ADA), the district will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the supervisor/employer.

II. DATA PRIVACY NOTICE

The information requested on this application may be used by the Springfield School District 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, accurate information may result in the Springfield 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 Springfield 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 Springfield School District without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. POSITION DESIRED

Title of position for which you are applying:
Date available to begin employment:

IV. PERSONAL DATA

Name:

Last	First	M.I.

Address:

Street	City	State	Zip

Phone:

Home	Alternate

Email:

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	YES	NO
Are you either a U.S. citizen or legally eligible to hold employment in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
Have you completed three consecutive years of teaching in any Minnesota School District?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
If so, did you receive a notice of nonrenewal or termination during your probationary employment with that School District?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Have you previously worked for Independent School District No.85?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, position held:		
If yes, under what name may your previous employment records be found?		
	YES	NO
Do you have any special needs which may necessitate accommodations in the application/interview process?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the type of accommodation requested:		
List all other names under which you have been employed or under which your educational records may be found:		

V. WORK/VOLUNTEER EXPERIENCE

List *all* work and volunteer experience, most recent to be listed first.

Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Supervisor:	
Dates of Employment / Experience:	
Reason for Leaving:	
Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Supervisor:	
Dates of Employment / Experience:	
Reason for Leaving:	

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Supervisor:	
Dates of Employment / Experience:	
Reason for Leaving:	
Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Supervisor:	
Dates of Employment / Experience:	
Reason for Leaving:	

Attach additional sheets if necessary

VI. LICENSURE

List current licenses, registrations, or certificates relevant to the position for which you are applying.

License/No.	Issued By	Date	Expiration

All applicable licensees or certifications must be received in Superintendent’s office prior to employment.
Note: If hired, it is your responsibility to keep a current license on file at all times.
 Failure to do so may result in immediate discharge from employment.

	Yes	No
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?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain the circumstances:

VII. EDUCATION

Include high school and any additional education/courses taken. List most recent first.

Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor:	
Dates of Attendance:	
Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor:	
Dates of Attendance:	
Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor:	
Dates of Attendance:	
Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor:	
Dates of Attendance:	
Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor:	
Dates of Attendance:	

List/describe any other training and/or experience relevant to the position for which you are applying.

Are you qualified to coach/direct any of the following:	<input type="checkbox"/> Orchestra <input type="checkbox"/> Choir <input type="checkbox"/> Debate <input type="checkbox"/> Declamation <input type="checkbox"/> Dramatics <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball	<input type="checkbox"/> Tennis <input type="checkbox"/> Golf <input type="checkbox"/> Wrestling <input type="checkbox"/> Softball <input type="checkbox"/> Gymnastics <input type="checkbox"/> Volleyball <input type="checkbox"/> Track <input type="checkbox"/> Playground Activities
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Do you have any experience in the following?	<input type="checkbox"/> Team Teaching <input type="checkbox"/> Multi-grade <input type="checkbox"/> Modular Scheduling <input type="checkbox"/> Departmentalized Elementary School
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If so, please describe briefly:

For K - 6 Applicants Only

Do you sing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List instruments played.	
Can you teach any of the following?	<input type="checkbox"/> Music <input type="checkbox"/> Penmanship <input type="checkbox"/> Art

Please make a brief statement about your philosophy of education:

VIII. REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The Springfield School District reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered, in addition to references listed below.

Name of Reference:			
Address:			
Phone Number:		Title:	
 			
Name of Reference:			
Address:			
Phone Number:		Title:	
 			
Name of Reference:			
Address:			
Phone Number:		Title:	

IX. VETERAN STATUS

	YES	NO
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to claim Veteran's Preference Points?	<input type="checkbox"/>	<input type="checkbox"/>
If you checked <i>yes</i> to receiving preference points, you must provide the Springfield School District with a copy of your DD214 form before the preference points will be granted.		

X. PRIOR EMPLOYMENT

Have you ever been discharged, forced to resign from employment, or resigned as part of a settlement agreement with an employer other than one involving a human rights claim or suit in which you were the claimant/plaintiff?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, please describe the circumstances:	

XI. PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected:

XII. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment and constitutes grounds for my immediate dismissal should I be employed by the Springfield School District.

I understand, acknowledge, and agree that no offer of employment is valid or binding until formal approval by the Springfield School Board and that the Springfield School District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations"), and references' names in this applications, or any agent of such a former employer or volunteer organizations, to release to Independent School District No. 85 and its agents any and all information regarding my job performance and fitness/qualification 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 Springfield Independent School District No. 85 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 Springfield Independent School District No. 85 and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said District, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

DATE: _____ SIGNATURE: _____

DO NOT TYPE