

# Application for Employment

## Wrenshall School

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap.

Date of application: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment agency  Other

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. No. City State ZIP Code

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

May we call you at work?  Yes  No  
Have you filed an application here before?  Yes  No Date: \_\_\_\_\_  
Have you ever been employed here before?  Yes  No Date: \_\_\_\_\_  
Are you a citizen of the United States?  Yes  No  
If not, do you possess an Alien Registration Card?  Yes  No

If yes, give Alien Registration Number: \_\_\_\_\_

Are you available to work?  Full-time  Part-time  
Are you on lay-off and subject to recall?  Yes  No  
Do any of your friends or relatives, other than your spouse, work here?  Yes  No

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

Are you a veteran of the U.S. military service?  Yes  No

If yes, what is your branch of U.S. military service? \_\_\_\_\_

Do you have any physical, mental, or medical impairment or disability that would limit your performance for the position for which you are applying?  Yes  No

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

Give name, address, and phone number of three (3) references not related to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

**EMPLOYMENT EXPERIENCE**

List each job held. Start with your present or last job. Include military assignments or volunteer activities. (Exclude groups which indicate race, color, religion, sex, or national origin). Use backpage for additional space.

Employer: _____	Hourly rate / salary • Start _____ Final _____
Address: _____	Dates Worked: _____ to _____
Job Title: _____	Work performed: _____
Supervisor: _____	_____
Reason for leaving: _____	_____

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Address: _____	Dates Worked: _____ to _____
Job Title: _____	Work performed: _____
Supervisor: _____	_____
Reason for leaving: _____	_____

Summarize special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_

\_\_\_\_\_

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## EDUCATION

School name: \_\_\_\_\_

Years completed (circle one)	Elementary	High School	College/University	Graduate/Professional
	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree: \_\_\_\_\_

Describe course of study: \_\_\_\_\_

Describe specialized training, apprenticeship, skills, and extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

Honors Received: \_\_\_\_\_

\_\_\_\_\_

If this application is for a teaching position please provide the following:

Minnesota Teaching Certificate Number: \_\_\_\_\_

Teacher Retirement Association Number: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

## AGREEMENT

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Employment with Wrenshall School District is contingent upon a clear criminal background check.

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Wrenshall School.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please use this space for any additional information you wish to provide:

PLEASE DO NOT WRITE IN THIS SPACE • OFFICE USE ONLY