# SUPPORT STAFF EMPLOYMENT APPLICATION

www.fillmorecentral.k12.mn.us
Fillmore Central Schools ISD #2198
PO Box 50
Preston, MN 55965
507-765-3845



POSITION(S) SOUGHT: □ Full-Time □ Part-time □ Substitute
SecretarialCustodian/MaintenanceCommunity Ed (Daycare, PreK, ECFE, Summer Rec)ParaprofessionalDistrict Van DriverOther: Please specify:
PERSONAL INFORMATION:
Name Email:
Address City, State, and Zip Code
Telephone Number (Cell) (Work)
Are you authorized to work in the United States? Yes No
Are you a citizen of the United States? Yes No
***Unofficial transcripts need to be included with your application if applicable.
NOTES TO APPLICANT: Fillmore Central School District is interested in securing the services of superior classified personnel. Candidates must have at least a working knowledge of the position for which he or she is applying and must meet the basic assignment performance goals.
New employees become members of the Public Employees Retirement Association of Minnesota.
The information in this application pertaining to name, address, employment, training, experience and education is a public record open to public inspection.
Papers and photographs will not be returned. Applications will be kept on file for <b>one year</b> . If the applicant desires to renew his/her application after one year, notification must be received by this office.
I hereby give former and/or current employers permission to provide any information requested by appropriate personne of the Fillmore Central School District regarding my professional competence, performance, and character. I waive any rights I may have against any person contacted as a reference concerning this application.  I understand that, if employed, I may be dismissed from employment if false statements are made on this application. I also understand that all employees are required to have a pre-employment physical examination and that a criminal background check will be conducted. I further understand that if I accept a position with the Fillmore Central School District, this application will become part of my permanent record.
(Signature of Applicant) (Date)

List previous employment and experience beginning with most recent:

DATES TO - FROM	NAME & ADDRESS OF EMPLOYER	POSITION & KINDS OF DUTIES	IMMEDIATE SUPERVISOR	MAY WE CONTACT SUPERVISOR?	REASON(S) FOR LEAVING

EDUCATION RECORD: ***Unofficial transcripts need to be included with your application if applicable.			
	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, CORRESPONDENCE, SCHOOL			

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		
Do you wish to claim Veteran's Preference Points? Yes No		
If you are a disabled veteran and wish to claim additional points, please check here		
Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits.		
Please attach form DD214 or forward it within five (5) business days.		

## **REFERENCES**

Give three references (<u>other than your personal friends</u>) who are qualified to show your fitness for the position you may seek. Letters of reference will be accepted.

NAME	OCCUPATION	ADDRESS	POSITION	TELEPHONE	ASSOCIATION WITH APPLICANT

## ANSWER THE FOLLOWING GROUPS OF QUESTIONS FOR EACH POSITION YOU ARE INTERESTED IN

<u>Se</u>	<u>cretarial/Administrative Assistant</u> Please articulate any specific skills or training you have had in the areas of accounting, technology, or other previous office work.
2.	Are you interested in a particular secretarial/administrative assistant position? If yes, explain:
	stodian/Maintenance:
1. —	Are you able to perform the essential job functions of this position? Yes No Please explain any limitations.
2.	Many of our positions require nights and/or weekends. Can you fully meet these needs? Yes No
Exp	olain:
	mmunity Education/Childcare:  Are you able to perform the essential job functions of this position? Yes No Please explain any limitations.
2.	Please explain experiences you have had working in a preschool and/or childcare program.
<u>Pa</u> 1.	raprofessional:  Grade level(s) preferred:Elem (PreK – 6)High School (7-12)
2.	Are you able to perform the essential job functions of this position? Yes No Please explain any limitations.
3.	Are you willing to work with special needs children with severe disabilities? Yes No
4.	Are you willing to do playground duty? Yes No

## An Affirmative Action, Equal Opportunity Employer

The Fillmore Central School District does not discriminate based on race, creed, color, sex, sexual orientation, gender identity, national origin, religion, age, marital status, or disability. Inquiries may be directed to the Superintendent, PO Box 50, 700 Chatfield St., Preston, MN 55965 507-765-3845

## **AFFIRMATIVE ACTION INFORMATION**

Completion of this form is optional. However, we would appreciate it if you would supply the requested information. In order to comply with regulations established by the U.S. Equal Employment Opportunity commission, the Office of Civil Rights in the U.S. Department of Education, Iowa Code 19B.11 and I.A.C. 281-ch.95, the District must report statistical summaries of the information requested. The information is used for this purpose and other affirmative action purposes only.

#### Section I

- A. American Indian or Alaskan native
- B. White, not of Hispanic origin
- C. Black, not of Hispanic origin
- D. Asian or Pacific Islander
- E. Latino or Hispanic

Position Sought:

F. Other

	Section II					
Male Female	Age					
Handicapped:	Yes	No				
Disabled Veteran (any era):	Yes	No				
Vietnam Era Veteran (1964-1975)	Yes	No				
Section III						
Please check the source from which you learned of this position.						
Advertisement in newspaper, professional journal, newsletter or job registry, including Minnesota Department of Employment and Economic Development.						
Please indicate the name of the publication.						
Position announcement at school (including website)						
Personal contact by District						
Other:		<del></del>				
Name:(not required)	Date:					