## **ULEN-HITTERDAL PUBLIC SCHOOL**

Independent School District #914 27 2<sup>ND</sup> Street North Ulen, MN 56549 <u>ulenhitterdal.k12.mn.us</u> 218-596-8853

## **EMPLOYMENT APPLICATION**

**Classified Employees** 

Applications for all positions are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Please print: Position Applying For:	Date:
Applicant Address:	
Email Address:	
Phone: Days:	Nights:
<ul> <li>Are you available to work eveni</li> <li>Are you between the ages of 18</li> <li>Were you ever in the military?</li> <li>Do you have any impairment, p</li> </ul>	n employment? ings? Weekends? 3 and 65?  If yes, state Branch and dates hysical, mental or medical, which would interfere with your ability to perform ing?
<ul> <li>Have you applied for employmen Public Schools before?</li> </ul>	ent with the U-H Public Schools before or have you been employed by the U-H
•	United States? of a criminal offense other than a minor traffic violation or petty giving dates:
Have you ever had any indicate	d finding of child abuse filed in your name? If yes, explain, giving dates:
Does your name appear on any	sex offender database in any state or country?

Note: These positions and state law require the completion of a criminal background check.

## High School Name & Location: Year of Graduation: \_\_\_\_\_ Grade Completed: 9 10 11 12 Circle: Diploma or GED Vocational School/College Name & Location: Years Attended: \_\_\_\_\_ Diploma or Certification & Date: \_\_\_\_\_ **Work Experience:** Please Indicate the Last Three Jobs Held in Order of Latest Held: Company: \_\_\_\_\_ Dated From-To: \_\_\_\_\_ Reason for Leaving: Supervisor: \_\_\_\_\_ Phone: Salary When Left: \_\_\_\_\_ May We Inquire of This Employer? \_\_\_\_ Company: \_\_\_\_\_ Dated From-To: \_\_\_\_\_ Reason for Leaving: Supervisor: Phone: \_\_\_\_\_\_ Salary When Left: May We Inquire of This Employer? Company: \_\_\_\_\_\_ Dated From–To: \_\_\_\_\_ Reason for Leaving: Supervisor: May We Inquire of This Employer? Salary When Left: Do you possess any unique skills, training or abilities that would qualify you for the employment you are seeking?

**Education:** 

References:		
Please list three personal references that are not related to y	ou:	
Name:Address:	Phone:	
Name:Address:	Phone:	
Name:Address:		
Additional Information:  If there is any additional information you would care to provide, please do so in the space provided:		
Any false information on this application may be grounds for	termination.	
Applicant Signature:	Today's Date:	