



West Central Education District Employment Application Form

9 Second Street SW, Melrose, MN 56352 320-256-6026

www.wced6026.org

DATE OF APPLICATION / /			
PERSONAL INFORMATION			
LAST NAME		FIRST NAME	
MIDDLE INITIAL			
ADDRESS		CITY	STATE
ZIP CODE			
PHONE NUMBER ()		EMAIL ADDRESS	
EMPLOYMENT DESIRED			
POSITION APPLYING FOR		DATE YOU CAN START	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?
			<input type="checkbox"/> YES
			<input type="checkbox"/> NO
EDUCATION			
HIGH SCHOOL	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
COLLEGE/UNIVERSITY	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
GRADUATE SCHOOL	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)			
EMPLOYER NAME & ADDRESS	DATES EMPLOYED	POSITION	SUPERVISOR
JOB DUTIES			REASON FOR LEAVING
EMPLOYER NAME & ADDRESS	DATES EMPLOYED	POSITION	SUPERVISOR
JOB DUTIES			REASON FOR LEAVING
EMPLOYER NAME & ADDRESS	DATES EMPLOYED	POSITION	SUPERVISOR
JOB DUTIES			REASON FOR LEAVING
REFERENCES: Please list 3 professional references not related to you that can speak to your job performance and character.			
NAME	CURRENT PHONE NUMBER & EMAIL ADDRESS		RELATIONSHIP
NAME	CURRENT PHONE NUMBER & EMAIL ADDRESS		RELATIONSHIP
NAME	CURRENT PHONE NUMBER & EMAIL ADDRESS		RELATIONSHIP

Please complete the front and back of this application

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of West Central Education District (WCED) to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

DATA PRIVACY NOTICE

The information requested on this application is intended to be used by WCED in determining 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 WCED being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, WCED may be unable to provide the necessary accommodations if you do not provide the information in the next section. The information on this application which is classified as private data under the MN Government Data Practices Act will not be released outside WCED without your consent except as necessary for tax purposes, payroll processing or as otherwise required by state or federal law.

Do you have any special needs which may necessitate accommodations in the application/interview process?

YES NO

If yes, please describe the type of accommodation requested:

CRIMINAL BACKGROUND INFORMATION

WCED will conduct a criminal background check at the expense of the applicant. No offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable to WCED, and approval by the School Board.

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 DD214 or other eligible form or forward it within five (5) business day.

CERTIFICATION, ACKNOWLEDGEMENT, & 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 WCED.

I understand, acknowledge, and agree that no offer of employment is valid or binding until formal approval by the School Board or the appointing authority referenced in the job description and that until such approval that WCED 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 and references named in this application, or any agent of such a former employer, to release to WCED and its agents any and all information regarding my job performance and fitness/qualifications 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 WCED 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 WCED 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.

APPLICANT SIGNATURE _____

DATE _____