IMPORTANT: To have a valid application for a vacant position, a letter indicating interest in Employment and (for TEACHERS, a resume) must accompany a fully completed Employment Application Form. Prior to interviewing or employment, other documentation may also be requested by the District or be required by law.

## **Employment Application Form**

## **Tri-County Public School District**

Independent School District #2358 303 Pembina Trail South P.O. Box 178 Karlstad, Minnesota 56732

District Office: (218) 436 - 2261

(218) 436 - 2263 (Fax)

Web site: tricounty.k12.mn.us

Name: (Last)	First		MI				
Other name(s) under which	n you were employed:	Name: (Last)	First	MI	. ME.		
Street Address	City	S	tate	ZIP	Home of the Northern Freeze		
Telephon	ne	9			Northern Freeze		
Employment position fo		ıg:					
Degree	School Address Attended		Date of Graduation	Diploma Received	Area(s) Licensed		
High School Diploma							
Post Secondary School Attended							
Post Secondary School Attended			YES				
<ul> <li>Are you legally eligible for employment in the United States? YES NO</li> <li>SCHOOL BOARD POLICY: Applicants are advised that all the facilities of the Tri-County School District are tobacco drug and alcohol free.</li> <li>STATE LAW: Public School Districts must obtain a state criminal history background check from at minimum, the Minnesota Bureau of Criminal Apprehension (BCA) on all individuals who are offered employment.</li> <li>FEDERAL LAW requires that school districts conduct pre-employment drug testing for all bus drivers before they begin driving. Random drug testing for bus drivers will continue throughout employment.</li> </ul>							
Have you ever had a	teaching license revok	ed or suspended? _	YES _	NO			
Have you ever been	convicted of a felony?	YES	NO				
Have you been conv	ricted of an offense invo	olving sexual moles	tation, physical or s	sexual abuse?	_YESNO		
I understand that any mis justification for dismissa I authorize the School D convictions, legal matter necessary to arrive at an with my application. In	ne information provided by me representation or significant lif discovered at a later date istrict or its representatives, to driving records, previous employment decision. I here the event of employment, I uterstand also, that I am requires	omission may disquality to make such investigation employment, educational by release employers, so inderstand that false or r	fy me from future consi- tions which include but a al background, personal schools, and persons from misleading information	deration from service a are not limited to: info references and other a om all liability in respon- given in my application	and may be considered  rmation regarding criminal ppropriate areas as may be ading to inquiries in connection and / or interview(s) may		

Date

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## **Employment Experience**

List each job held. Start with your most recent employment. You may wish to include military service assignments or volunteer activities.

Employer:	Start Date	End Date	Description of Work Performed:		
Address:					
Job Title:					
Supervisor:	Phone #				
Reason for Leaving:	( )				
Employer:	Starting Date	End Date	Description of Work Performed:		
Address:	_				
Job Title:		1			
Supervisor:	Phone #				
Reason for Leaving:	( )				
Employer:	Starting Date	End Date	Description of Work Performed:		
Address:					
Job Title:					
Supervisor:	Phone #				
Reason for Leaving:	( )				
If you need additional space, please continue on a separate sheet of paper.					
Summarize Special Skills and Qualifications acquired from employment or other experience:					

## **Equal Employment Opportunity Information**

Providing Equal Employment Opportunity Information is Optional

Trottang Equal Employment	opportunity information is optional						
Please check appropriate box(es)  Gender:	all of the following:						
separated by reason of disability incurred while serving 3) Be a United States citizen OR resident alien.	g on active duty.						
If you meet all of the above, check the appropriate box(es) below	ow:						
I am a non-disabled veteran.							
I am a disabled veteran with a currently existing, comper Administration or by the retirement Board of the Branche	asable, service-connected disability as judged by the U.S. Veteran es of the U.S. Armed Forces.						
☐ I am the widow / widower (not remarried) of a deceased	veteran.						
☐ I am the spouse of a disabled veteran who is unable to quality because of a disability.							
AFFIDAVIT AND DISCLAIMER							
I authorize the Tri-County Public School District ISD #235 application process. Such investigation may include, but convictions; legal matters, driving records, previous emplother appropriate areas.							
I release the Tri-County Public School District and its reprelated to the release or use of information utilized in the	resentatives, and reference sources, from any and all liabilit search and selection process.						
All statements on this application are true and accurate. application or during the selection process shall constitute grounds for dismissal.							
Signature	Date						



Tri-County Public School District 303 Pembina Trail South P.O. Box 178 Karlstad, Minnesota 56732