

# LICENSED PERSONNEL

Application Form Received	_____
Letter of Application and Resume Received	_____
Transcripts and Credentials Received	_____
Date Interviewed	_____



<b>APPLICATION FOR EMPLOYMENT</b> <b>SEBEKA PUBLIC SCHOOL</b> <b>200 1<sup>ST</sup> ST NW</b> <b>P O BOX 249</b> <b>SEBEKA MN 56477</b> <b>218-837-5101</b>
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**FILE FOLDER #** \_\_\_\_\_

**Please type or print**

Date of Application: \_\_\_\_\_

<b>A. PERSONAL DATA</b>				
Name: (last, first, middle)	_____	_____	_____	_____
Permanent Address:	_____			
Present Address:	_____			
Work Telephone:	_____	Fax Number:	_____	_____
Home Telephone:	_____	Cell Number:	_____	_____

<b>B. POSITIONS for which you are applying:</b>	<b>AREA(s) of licensing listed on MN license</b>
1.	_____
2.	_____
3.	_____
4.	_____

<b>C. EDUCATION (Please list most recent first)</b>		
<b>Name of School/University</b>	<b>Date Started</b>	<b>Date Complete</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Undergraduate Major Field:</b>		
<b>Undergraduate Minor Field:</b>		
<b>Undergraduate GPA (all courses):</b>		
<b>Graduate Major Field:</b>		
<b>Graduate Minor Field:</b>		
<b>Graduate GPA (all courses):</b>		

**Graduate Credits Beyond the Bachelor:** (Must be in teaching field as part of a Masters Program and not to be used to obtain licensure to qualify for lane advancement.) PLEASE LIST IN QUARTER HOURS. TO CONVERT FROM SEMESTER HOURS TO QUARTER HOUR, MULTIPLY THE NUMBER OF SEMESTERS BY 1.5.

My preparation best fits:

- BS/BA    
  BS/BA+15    
  BS/BA+30    
  BS/BA+45    
  MS/MA    
  MS/MA+15    
  MS/MA+30

**Describe the Minnesota teaching license you now hold:**

Student level	Scope	Function Description	Expiration Date

**Data regarding student teaching: (Applicants with three or more years of teaching experience need not complete this portion.)**

City and School in which student teaching was completed	Name of cooperating teacher	Grades or subjects taught	Dates from – to	# of months


**College Supervisor (s)**

**Teaching Experience:** (In reverse chronological order, present position first).

Name of School System	Location	Position held	Dates

**Extracurricular coaching activities for which you are qualified and licensed to supervise:**

- |                                   |                                     |                                    |                                     |  |                                     |
|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Track     | <input type="checkbox"/> Debate     | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Swimming   |
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Choral     | <input type="checkbox"/> Golf      | <input type="checkbox"/> Hockey     | <input type="checkbox"/> Instrumental  | <input type="checkbox"/> Baseball   |
| <input type="checkbox"/> Tennis   | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Other      |                                    |                                     |  |                                     |

Academic or co-curricular activities that you are qualified to coach:

Do you have a coaching certificate?      Yes     No

Areas of licensure for head coach:

**Other professional or non-teaching experience which may be pertinent:**

Employer	Date	Type of Work	Supervisor

**List any special courses or workshops that you feel make you more employable:**

**References** – List three professional references whom we may contact. We are especially interested in the names of people who have observed your work in the classroom. Experienced teachers must include the names of administrators who have knowledge of the candidate’s teaching, even if they are included in the credentials. Beginning teachers may request that their placement file be substituted for the reference section, but only if the file contains the report from the cooperating teacher, college supervisor, and a professor in that teaching field. If not, please list these references.

Full Name	Position	Office Mailing Address	Telephone

- Check one:       I authorize the school to contact anyone about my personal and professional qualities.  
 The school district may only contact the references that I have listed.

**D. PERSONAL INTERVIEW**

1. If you are invited for a personal interview:
  - (a) Do you need special interview accommodations?

- (b) Do you prefer a particular day of the week and time of day?
- (c) Please have available the following documents –
  1. Classroom management plan (discipline).
  2. Sample lesson plan.
  3. A copy of your current license.

If invited for an interview, allow at least one hour for the visit. Personal interviews are required before final consideration can be given an applicant. Interviews are at the expense of the candidate.

School boards are prohibited by Minnesota law from paying unlicensed professional personnel. **IT IS THE RESPONSIBILITY OF THE APPLICANT TO HAVE THE APPROPRIATE LICENSING.**

If selected, you will be required to submit transcripts of all college and/or university credits earned.

**NOTICE:** Please be advised that, under the provisions of the Minnesota Government Data Privacy Act, some of the data on this application may be classified as private or confidential data. This data is being collected as part of the application process and will be used by the school district for hiring decisions. You are required to provide this data, and your failure to do so will eliminate you from further consideration for employment. Administrative officers, supervisors and confidential employees of the school district who are, or may be, involved in the hiring decision have a right to access the data provided.

I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning me and my personal background and I hereby release such employer and any other person, firm or corporation from any and all liability by reason of furnishing the requested information.

I understand that in connection with this application, a report may be requested whereby information is obtained through personal interviews with my neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report.

I understand that if employed, any misrepresentation or omission of facts requested in this application is cause for dismissal.

Alien status: By law, no one can be employed without proof of citizenship or resident alien status. The final candidate for each position will be requested to complete an INS form.

Note: If employed by us, you will be required to inform us if you have court-ordered child-support obligations that are required by law to be withheld from income and the terms of the court order, if any.

**CHILD PROTECTION BACKGROUND CHECK**

Have you ever been convicted of any of the following crimes? (child abuse crimes, murder, manslaughter, felony assault, felony assault against a minor, kidnapping, arson, criminal sexual assault and any prostitution related crimes)? Yes  No  Minn. Stat. 299C.60.

Have you ever been convicted of a felony? Yes  No

Have you ever been convicted of a misdemeanor? Yes  No

If you answered “yes” to any of the above questions, please explain using date(s) of conviction:

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Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying.

**VETERAN STATUS**

Veteran Status (check where applicable). *(If you are a veteran and wish to claim veteran’s preference, you must present a legible copy of your DD214 to the Superintendent’s Office.)*

1.  Veteran
2.  Disabled Veteran
3.  Surviving spouse of a veteran
4.  Spouse of a disabled veteran who, because of his/her disability, is unable to qualify for the position.

SIGNATURE

The statements made and information given in this application is, to the best of my knowledge, true, accurate and complete. I understand they are subject to verification by Independent School District #820, and hereby give permission for such verification.

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Signature of Applicant

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Date Submitted

**PLEASE SEND APPLICATION FORM, LETTER OF APPLICATION, RESUME, CREDENTIALS, TRANSCRIPTS AND CURRENT MINNESOTA LICENSE TO:**

**SUPERINTENDENT OF SCHOOLS  
SEBEKA PUBLIC SCHOOL #820  
200 1<sup>ST</sup> ST NW  
P O BOX 249  
SEBEKA MN 56477**

**Sebeka Public School is an Equal Employment/Educational Opportunity Employer**