## Employment Application



# Ogilvie Public Schools

333 School Drive, Ogilvie, MN 56358

320-272-5000

www.ogilvie.k12.mn.us

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | Date: | | |  | | |
| Last | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | M.I. | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | Country | | | | ZIP Code |
| Phone: | (     ) | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (     ) | | | | | | | | | | | | | | | | | |
| E-mail Address: | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
| Date Available: | | |  | | | | | | | | Social Security No.: | | | | | | | | | |  | | | | | | | | | | | Desired Salary: | | | | | | | | $ | | | |
| Position Applied for: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever worked for this company? | | | | | | | | | | | | | | | YES | | | | | NO | | If yes, when? | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | |  | | | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Did you graduate? | | | | | | | | | | | YES | | NO | | | | |  | | | | |  | | | | | | | |
| College: | |  | | | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | | | |  | | | | Did you graduate? | | | | | | | | | | | YES | | NO | | | | | Degree: | | | | |  | | | | | | | |
| Other: |  | | | | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | | | |  | | | | Did you graduate? | | | | | | | | | | | YES | | NO | | | | | Degree: | | | | |  | | | | | | | |
| Other: |  | | | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | To: | | | |  | | | | Did you graduate? | | | | | | | | | | | | YES | | NO | | | | Degree: | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | | | Relationship: | | | | | | |  | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | | | Relationship: | | | | | | |  | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (     ) | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | | | Relationship: | | | | | | |  | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | (     ) | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | Starting Salary: | | | | | | | | | | $ | | | | | | | | Ending Salary: | | | | | | | | | $ |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | |  | | | | | Reason for Leaving: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | (     ) | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | Starting Salary: | | | | | | | | | | $ | | | | | | | | Ending Salary: | | | | | | | | | $ |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | |  | | | | | Reason for Leaving: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | (     ) | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | Starting Salary: | | | | | | | | | | $ | | | | | | | | Ending Salary: | | | | | | | | | $ |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | |  | | | | | Reason for Leaving: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | |  | | | | | | | | | | | |
| Why are you interested in this position? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch: |  | | | | | | | | | | | | | | | | | | | | | | | | | From: | | | | | | |  | | | | | | | To: | |  | |
| Rank at Discharge: | | | | | | |  | | | | | | | | | | | | | | | | Type of Discharge: | | | | | | | | | |  | | | | | | | | | | |
| If other than honorable, explain: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you wish to claim veteran’s preference? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Legal Information | |
|  | Please note: Applicants are not obligated to disclose sealed or expunged records. | |
|  | \* Are you eligible to work in the United States? | |
|  | \* Have you ever had any indicated 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? | |

|  |
| --- |
| Equal Opportunity Employer |

Ogilvie Public Schools is an Equal Opportunity Employer. Ogilvie Public Schools ensures equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, sexual orientation or disability. Any individual needing assistance in making application for any opening should contact the superintendent.

|  |  |  |  |
| --- | --- | --- | --- |
| Disclaimer and Signature | | | |
|  | | | |
| CERTIFICATION, ACKNOWLEDGEMENT, AND 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 the Ogilvie School District. In connection with this application I authorize any and all former employers and references named in this application or any agent of such former employer, to release to Independent School District No. 333, Ogilvie, and its agents any and all information regarding my job performance and fitness/qualifications to perform the duties of the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that Independent School District No. 333 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 Independent School District No. 333 and all of my former employers and references listed herein, and any and all agents acting on their behalf, from any and all liability of whatever nature by reason of requesting or providing such information. | | | |
| Signature: |  | Date: |  |

As of August 1, 2015, Ogilvie Public Schools implemented a pre-employment drug and alcohol testing requirement in accordance with Policy #416. This policy can be viewed at [www.ogilvie.k12.mn.us](http://www.ogilvie.k12.mn.us) – under District page/policies, or a print copy may be requested from the office (320-272-5000).