

## **West Central Area Schools**

301 County Road 2 Barrett, MN 56311

## **Employment Application**

WCA Schools ISD #2342 is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a district representative.

Applicant Information								
Full Name:						Date:		
Addross:	Last	First				M.I.		
Address:	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:			E	Email				
Position App	olied for:							
Date Availal	ole:	Desired Sala	ry: \$					
Are you a ci	tizen of the United States?	YES	NO	f no, are	you au	uthorized to work ir	YES NO the U.S.?	
U.S. Citizen	ce with the Immigration Refo s and lawfully authorized ali or legalized alien program.	en workers.	If hired, y					
Have you e	er worked for this organizat	YES ion?	NO	If yes, w	vhen ar	nd what position?_		
Do you have any relatives working for the YES NO school district?    YES NO  If yes, please provide relationship								
Have you e	er been convicted of a felor	YES	NO _					
If yes, explain:								
			Educ	ation				
High School	:	A	.ddress:					
From:	To:	Did you gra	aduate?	YES	NO	Diploma:		
College:		A	.ddress:					
From:	To:	Did you gra	aduate?	YES	NO	Degree:		
Other:		A	.ddress:					
From:	To:		aduate?	YES	NO	Degree:		

	Previous E	mploym	nent				
Company: _				Dhono			
Address:							
Job Title: _	Starting S	Salary: <u>\$</u>		Ending Salary: <b>\$</b>			
Responsibilitie	es:						
	To:			aving:			
May we conta	ct your previous supervisor for a reference?	YES	NO	Supervisor's Name:			
Company: _ Address:							
Job Title:		Salary: <b>\$</b>					
Responsibilitie	es:						
From: _	To:	Reason	for Le	aving:			
May we conta	ct your previous supervisor for a reference?	YES	NO	Supervisor's Name:			
_							
Address: _							
Job Title: _	Starting S	Starting Salary:					
Responsibilitie	es:						
From: _	To:						
May we conta	ct your previous supervisor for a reference?	YES	NO	Supervisor's Name:			
	Volunteer	Experie	nce				
Please list an	ny relevant volunteer experience						
Activity:							
Organization:				Length of Service:			
Supervisor:				Phone Number:			

Activity:	
Organization:	Length of Service:
Supervisor:	Phone Number:
Activity:	
Organization:	Length of Service:
Supervisor:	Phone Number:
	References
Please list three professional references.	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Dhono
Address:	
	Achievements
Please list relevant current professional memb	perships, registrations or licenses (include date issued):
	Date:
	Date:
	Date:
Dis	claimer and Signature
application. If there are any misrepresentation which may be discovered now or anytime in the	No. 2342 has the right to verify information provided in this s on this application or my resume or made by me in an interview, le future, I may be discharged for cause without severance pay of on may also subject me to the penalty provisions of M.S. § 43A.39.
agent acting on its behalf to conduct any inqui including, but not limited to, my records mainta	nent, I authorize Independent School District No. 2342 and any ry into any job related information contained in this application, ained by an educational institution relating to academic performance e the School District and any agent acting on its behalf from any ation from any person.
$\square$ Yes or $\square$ Yes, but not present employer u	ntil job is offered
$\square$ No (we may be unable to hire you without the	is information).
I declare that any and all statements made in a hereby acknowledge that I have read and und	this application or information provided are true and complete and erstand the information contained herein.
Signature:	Date:

## **Veteran's Preference Points Supplement (must be completed by all applicants)**

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statute § 43A.11. To be eligible for veteran's preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award points without it. You must supply a copy of your DD214. Disabled veterans must also apply supply Form PI-802 or an equivalent letter from a service retirement board. If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

Applicant's Name:				
Position Applied for:				
Are you applying for Veteran's bonus points?	YES	NO 🗆		
If you answered "yes" you must complete the applic be received by the District Administration Office no I deadline.				
Veteran's Prefe	rence Poir	ıts Applio	cation	
Veteran: Self $\square$ Spouse $\square$ If spouse, please provide	le Veteran's ı	name:		
Branch:	Period of Ac	tive Duty fr	rom:	to:
Rank at Discharge:	Тур	e of Discha	ırge:	
Date of Final Discharge:	5	Service #		
	ŒS NO			
Do you have a service related disability? $\Box$ $\Box$				
Preference Requested:  ☐ Veteran ☐ Disabled Veteran ☐ Spouse	of Disabled \	/eteran	☐ Spouse of	Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions). If the documentation is not attached, it must be received by the District Office no later than seven (7) calendar days after the application deadline for the position to guarantee points are awarded in a timely manner. Supporting documentation is attached: Will be submitted within seven (7) days.