

EDINA FAMILY CENTER

Edina's Early Childhood Family Education Program



5701 Normandale Road, Edina, MN 55424 952-848-3980

Our mission is to improve the quality of family life by strengthening families with support, services, and family life education

Application for Employment

Date _____

Name _____
First Middle Initial Last

Permanent Address _____

City _____ State _____ Zip _____ Phone(____) _____
Other Phone(____) _____

Present Address _____
(if different than above)

City _____ State _____ Zip _____ Phone(____) _____
Other Phone(____) _____

Email Address _____

What position are you applying for? _____

Are you available to work all periods below: Yes No (If no, please check the periods below you are available)

9:00 – Noon: Mon Tues Wed Thurs Fri Noon to 4:00 pm: Mon Tues Wed Thurs
 Fri

6:15 – 8:15 pm: Mon Tues Wed Thurs Fri

Date you would be available to begin work? _____

How did you learn about this position? Newspaper (be specific) _____
 Friend Flyer Other _____

Edina Family Center is a program of Community Education Services of the Edina Public Schools

FOR OFFICE USE ONLY

Date Received: _____ Phone Screened _____ Schedule Interview _____
 Archive/Reason _____

9/05

EXPERIENCE

Paid Employment

Please describe previous paid employment, beginning with the most recent:

Name of Employer _____				
Address _____				
	Street		City	State Zip
Employment dates: From	_____	To	_____	Pay \$ _____
Name of Immediate Supervisor _____				
Job Title and Description of Work Performed _____				
Reason for leaving _____				

Name of Employer _____				
Address _____				
	Street		City	State Zip
Employment dates: From	_____	To	_____	Ending Pay \$ _____
Name of Immediate Supervisor _____				
Job Title and Description of Work Performed _____				
Reason for leaving _____				

Name of Employer _____				
Address _____				
	Street		City	State Zip
Employment dates: From	_____	To	_____	Ending Pay \$ _____
Name of Immediate Supervisor _____				
Job Title and Description of Work Performed _____				
Reason for leaving _____				

Volunteer Experiences

Please describe any experience you have had as a volunteer:

Organization:	Volunteer Dates:	Responsibilities:

EDUCATION

*Please attach an unofficial copy of your college transcripts to this employment application as required by the Department of Human Services

High School _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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_____ Name of College or Training Organization	_____ City	_____ # Years Attended
_____ Major Concentration	_____ Cumulative GPA	_____ Degree or Certificate Earned

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REFERENCES

Please list at least three references. Include at least one former employer and one person who has direct knowledge of how you relate to children.

Name _____	Relationship _____
Organization _____	Position _____
Address _____	
Work number(_____) _____	Home Number(_____) _____

Name _____	Relationship _____
Organization _____	Position _____
Address _____	
Work number(_____) _____	Home Number(_____) _____

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Organization _____	Position _____
Address _____	
Work number(_____) _____	Home Number(_____) _____

Professional Development

Please describe activities related to your professional development, such as in-service training, membership in professional organizations, academic honors, attendance at professional conferences, publications, etc.

Personal Information

Please use this space to add anything else you would like us to know in considering your application.

- Have you ever been convicted of or pled guilty to a felony or misdemeanor in which a jail term was or could have been imposed?
 Yes No If yes*, explain _____
**A conviction or guilty plea will not necessarily bar you from employment. Each conviction or guilty plea will be judged on its own merits with respect to time, seriousness, circumstances, and relation to job requirements.*
- Have you ever been discharged or asked to resign from a position?
 Yes No If yes, explain _____
- Have you completed a period of active U.S. military duty exceeding 180 consecutive days? Yes No
- Were you separated from such service under honorable conditions? Yes No
- Have you been convicted of any offense involving the sexual molestation, physical/sexual abuse, or rape of a child?
 Yes No If yes, explain _____
- Can you perform all the essential functions of the position(s) for which you are applying? Yes No
If not, could you perform all the essential functions with reasonable accommodations? Yes No
If yes, how? _____
- Are you legally eligible to work in the United States? Yes No
If no, explain _____

By signing in the space below, I am attesting the truthfulness of the information that I have provided on this application for employment. I understand the following:

- Nothing contained in this employment application or in the granting of any subsequent interview is intended to create an employment contract.
- Any misrepresentation or omission of fact will be cause for canceling this application or terminating my employment if I am employed. I agree that the Edina School District shall not be liable in any respect if my employment is terminated because of the falsity or inaccuracy of statements made by me on this application.
- Further information concerning my past record will be sought from my previous employers and references, and I hereby authorize the Edina School District to make such inquiries. I release from all liability or damages those individuals, corporations or organizations who provide information in response to the inquiries of the Edina School District.
- Legislation was enacted in 1995 that requires School Districts to request (from the Bureau of Criminal Apprehension - *aka BCA*) a criminal history background check on all individuals who are offered employment in the school. Further, fingerprinting will be required of all employees who have lived out of the State of Minnesota since the age of 18. The cost of the background check(s) must be paid for by the employee. Employment will be contingent upon successful completion of the background check(s). An employment offer may be withdrawn if adverse information deemed unacceptable for employment at the Edina Family Center is revealed in the background check(s).

Applicant's Signature _____ Date _____

Please mail/fax this application with a copy of your college transcript to:
Edina Family Center. ♦ 5701 Normandale Road ♦ Edina, MN 55424

Ph: 952-848-3980 Fax: 952-848-3951 web: www.edina.k12.mn.us/community/familycenter

The Edina Public Schools are committed to providing equal employment opportunity to all employees and applicants without regard to race, sex, age, national origin, ancestry, disability, marital status, status with regard to public assistance, or any other basis protected by law.