

EDINA KIDS CLUB

5701 Normandale Road, Edina, MN 55424 952-848-3974

The School-Age Child Care Program of the Edina Public Schools

*Edina KIDS Club is a program of Community Education Services of the Edina Public Schools
...where children are encouraged to pursue their own interests, develop friendships, and
grow in confidence, independence, and respect for themselves and others.*



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? Recreation Leader Special Needs Ass't Supervisor Supervisor
 Substitute Manager Volunteer Other: _____

What hours & days are you able to work?
(Program hours: 6:45 am – 6:00 pm Monday-Friday) Hours _____ Days: M T W Th F

Date you would be available to begin work? _____

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

FOR OFFICE USE ONLY

Date Received: _____ Phone Screened _____ Schedule Interview _____ Manager _____

Archive/Reason: _____

3/2009

EXPERIENCE Paid Employment

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

Name of Employer _____				
Address _____				
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Employment Dates	From _____	To _____	Pay	\$ _____
Name of Immediate Supervisor _____				
Job Title and Description of Work Performed _____				
Reason for leaving _____				

Name of Employer _____				
Address _____				
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Employment Dates	From _____	To _____	Pay	\$ _____
Name of Immediate Supervisor _____				
Job Title and Description of Work Performed _____				
Reason for leaving _____				

Name of Employer _____				
Address _____				
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Employment Dates	From _____	To _____	Pay	\$ _____
Name of Immediate Supervisor _____				
Job Title and Description of Work Performed _____				
Reason for leaving _____				

Volunteer Experiences

Please describe any experience you've had as a volunteer:

Organization:	Volunteer Dates:	Responsibilities:

EDUCATION

High School _____ Did you graduate? Yes No

Name of College or Training Organization *City* *Number of Years Attended*

Major Concentration *Cumulative GPA* *Degree or Certificate Earned*

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Major Concentration *Cumulative GPA* *Degree or Certificate Earned*

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 Phone: _____ Home Phone: _____

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Address: _____
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Organization: _____ Position: _____
Address: _____
Work Phone: _____ Home Phone: _____

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*, explain _____

- 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 Edina KIDS Club is revealed in the background check(s).

Applicant's Signature: _____

Date: _____

Please complete this application form and save it to your computer. You may email it back to us as an attachment or mail the completed application and any attachments you would like to enclose to:

Edina KIDS Club

5701 Normandale Road, Edina, MN 55424

Ph: 952-848-3974 Fax: 952-848-3977 kidsclubecc@edina.k12.mn.us www.edinacommunityed.org/kidsclub

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.