



EDINA PUBLIC SCHOOLS
Human Resources Department
5701 Normandale Road
Edina, Minnesota 55424
<http://www.edina.k12.mn.us>

APPLICATION FOR EMPLOYMENT

Name _____ Date _____
Last First M.I.

Address _____ Phone _____

City, State, Zip _____

For which position(s) do you apply? _____

EDUCATION

Name of School	General Subject(s)	Degree or Certification
High School _____	_____	_____
Trade or Business School _____	_____	_____
College _____	_____	_____
Other _____	_____	_____

EMPLOYMENT HISTORY

(Past 10 years - begin with most recent)

Name of Employer _____ Telephone _____

Address, City, State, Zip _____

Employment Dates: From: _____ Immediate Supervisor _____
To: _____

Job Title and/or Description of Work Performed _____

Reason for Leaving _____

Name of Employer _____ Telephone _____

Address, City, State, Zip _____

Employment Dates: From: _____ Immediate Supervisor _____

To: _____

Job Title and/or Description of Work Performed _____

Reason for Leaving _____

Name of Employer _____ Telephone _____

Address, City, State, Zip _____

Employment Dates: From: _____ Immediate Supervisor _____

To: _____

Job Title and/or Description of Work Performed _____

Reason for Leaving _____

Please explain any gaps in employment _____

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, attach a separate sheet for details.

If there are any criminal charges or proceedings pending against you place a "✓" in this box .

Please explain. _____

If you have been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child, place an "✓" in this box and attach a separate sheet with details.

NOTE: 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.

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

Have you completed a period of U.S. military duty exceeding 180 consecutive days? Yes No

Were you separated from such service under honorable conditions? Yes No

NOTE: Veterans Preference Rights will be applied upon receipt of DD 214.

REFERENCES
(List Three)

Name	Address/Phone	Position/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

I understand further that information concerning my past record will be sought from my previous employers and other sources, and I hereby authorize the Edina School District to make such inquiries. In addition, I also release from all liability or damages those individuals, corporations, or organizations who provide information in response to the inquiries of the Edina School District. I also understand that nothing contained in this employment application or in the granting of any subsequent interview is intended to create an employment contract.

Applicant's Signature

Date



An Equal Opportunity Employer

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

CONSENT FORM FOR PREVIOUS EMPLOYER(S)

I have applied for employment with the Edina School District, and I want the School District to have access to all information regarding my work history. I request that you provide the Edina School District with your opinion regarding my work performance and all other work information requested regarding my employment with your organization. I hereby release you and your organization from any and all liability for providing this information to the Edina School District.

Applicant's Signature

Date

NOTICE

As an applicant for a position with Edina Public Schools, and in accordance with the Minnesota Government Data Practices Act, the following information is provided regarding information the School District will collect about you during the application process.

As an applicant of Edina Public Schools, any of the following information which may apply to your application for employment will be public, meaning the information is available to anyone who asks to see it:

1. Veteran status;
2. Relevant test scores;
3. Rank on eligible list;
4. Job history;
5. Education and training;
6. Work availability;
7. Your name after you have been selected to be interviewed.

Information not listed above as public is private and will not be shared with anyone but School Board members and School District employees involved in the hiring process, except in the following situations:

1. When it is necessary to discuss the data at an open meeting.
2. Pursuant to your informed written consent.
3. As required by a court order.

You are not required to supply any data, either public or private, as a condition for application to Edina Public Schools. However, your refusal to provide data requested of you may result in inadequate information for the School District to base its hiring decision.

Applicant's Signature

Date

EDINA PUBLIC SCHOOLS

APPLICATION SUPPLEMENT
(Custodial, Bus Driver)

For which position(s) do you apply?

_____Custodial

_____Bus Driver

COMPLETE QUESTIONS IN THE CATEGORY(IES) IN WHICH YOU ARE SEEKING EMPLOYMENT:

BUS DRIVER:

Chauffeur's license number_____

What type vehicles have you driven_____

How many years of driving experience?_____

Please list any/all driving violations you have had_____

CUSTODIAN

Do you hold a special engineer's license?_____

Check area(s) of competence: _____Painting _____Carpentry

_____Mixing concrete _____Electrical/Plumbing repair _____Other