Superintendent/Principal: Tate Jerome

311 First Street West

PO Box 68

Chokio, MN 56221 Phone: 320-324-7131 Fax: 320-324-2731 Chokio-Alberta Public Schools ISD#0771 311 1st St W PO Box 68 Chokio MN 56221

Ph: 320-324-7131/Fax: 320-324-2731

' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Paraeducator
Secretary
Cust./Maint.
Food Service
Licensed Teacher
Licensed Substitute
Non-Lic Substitute

I am applying for:

Application for Employment

We appreciate your interest in applying for employment with the Chokio-Alberta Public School District. We believe that every individual should be treated fairly, equitable and without regard to race, color, creed, religion, national origin, sec, marital status, status with regard to public assistance, disability, or age as required by Minnesota and Federal Laws. Inquiries regarding compliance with these laws may be directed to the district's Title IX Director, or to the Director of the office for Civil Rights, Dept. of Health, Education and Welfare, Washington, D.C.

Each time you apply for a position you must send a new letter of application. Applications are kept on file for a period of one year. You may use your resume to supplement this summary, however, please complete the entire application.

NAME		DATE	
POSITION APPLIED FOR _		PHONE # (work)	(home)
ADDRESS	CITY _	STAT	EZIP
PREVIOUS LOCATION, STA	TE(S) OF RESIDENCE		
DATE AVAILABLE FOR EM	PLOYMENT		
DD214 to the Superintendent of	f you are a veteran and wish to claim veter Schools. If your claim is approved, five o		
Served in Armed Forces? Yes _	No		
	EDUCATI	ION	# of Years
School	Name and Location of School	Course of Study	Completed
High			
College			
Other			·····
	PERSONAL REF (Excluding Former Emplo		
Name and Occupation	Ac	ddress	Phone Number
1			

EMPLOYMENT

Please give accurate, complete full-time and part-time employm	nent record. Start with present or most recent employer.		
Company Name	Telephone		
Address	Employed (Month/Year) From To		
Name of Supervisor	Weekly Pay Start Last		
Job Title/Describe Your Work	Reason for Leaving		
Company Name	Telephone		
Address	Employed (Month/Year) From To		
Name of Supervisor	Weekly Pay Start Last		
Job Title/Describe Your Work	Reason for Leaving		
Company Name	Telephone		
Address	Employed (Month/Year) From To		
Name of Supervisor	Weekly Pay Start Last		
Job Title/Describe Your Work	Reason for Leaving		
Company Name	Telephone		
Address	Employed (Month/Year) From To		
Name of Supervisor	Weekly Pay Start Last		
Job Title/Describe Your Work	Reason for Leaving		
Explain any additional experiences, talents or skills that you pos	ssess which would be applicable to the position for which you are applying.		
List any hobbies, special interests, etc.			

Following are questions that pertain only to certain areas of employment for employment.	ent. Please complete only the section(s) that applies to your application
FOOD SERVICE	
Do you have preference for the number of hours you work? () No. to work? Which hours are you able to work? From	Preference () Yes. If yes, how many hours per day would you like To
PARAPROFESSIONALS	
Do you have preference for a specific program in which you would like preferences: Indicate any clerical skills you have: Typing (Speed	te to work? () No Preference () Yes. If yes, please indicate your
Indicate any clerical skills you have: Typing (Speed	wpm) Other
Do you have preference for the number of hours you work? () No. to work? Which hours are you able to work? From Do you have a current First Aid Certificate: () No (CPR () No (WSI () No () Yes) Yes
Indicate any trade cards or engineer's license for which you are questions. SECRETARIAL/CLERICAL APPLICANTS:	
Do you want to work: Full-timePart-time Indicate below specific experience you have had: Years Experience General Secretarial Typing (Speed wpm) Original Correspondence Statistical Work Receptionist Bookkeeping Personal Computer Brand Name Word Processor data base spreadsheet Other Please answer these questions in terms of what is right for you. 1. In your previous work what did you enjoy the most?	How many months per year: 912
2. What makes you feel important or significant?	

3. What can your supervisor do to help you do a better job?
4. How do you prepare for a days work?
5. Which is more important to you – to have a good supervisor or to have good pay and benefits?
6. Please describe for us an excellent employee?
7. Why do you want to work for the Chokio-Alberta Public School District?
I give permission to communicate with past employers, personal references, credit references and schools. I have answered all questions the best of my knowledge. I agree to give Independent School District #771 at least fourteen days prior notice in the event of my resignation. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. The education, experience and reference portion of the application may have reference to my previous name of:
(check if not applicable). Date Applicant's Signature

NOTICE: Please be advised that, under the provisions of the Minnesota Government Data Privacy Act, some of the data on this application may be classified as private or confidential data. This data is being collected as part of the application process and will be used by the school district for hiring decision. You are required to provide this data, and your failure to do so will eliminate you from further consideration for employment. Administrative officer, supervisors and confidential employees of the school district who are or may be involved in the hiring decision have a right to have access to the data provided.

Alien Statues: After July 1, 1987, no one can be employed without proof of citizenship. The final candidate for each position will be requested to fill out an INS Form. Copies of the driver's license and social security card (or other proof of citizenship) will be duplicated and kept on file.

OFFICE OF THE SUPERINTENDENT