

COOK COUNTY SCHOOLS

INDEPENDENT SCHOOL DISTRICT 166

101 West 5th Street, Grand Marais MN 55604

Phone 218-387-2271

Success for Each, Respect for All

APPLICATION FOR EMPLOYMENT

ISD #166 is an Equal Opportunity Employer. It considers applicants for all positions without regard to race, creed, age, religion, national origin, sex, handicap, marital or veteran status, sexual orientation or any other legally protected status.

Position Applied For (Please Print)	Date of Application
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Last Name	First Name	Middle Initial
Address Physical and Mailing	City	State
Zip Code		
Telephone Numbers		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filled out an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" Status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever had any criminal convictions? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Employer #1

Employers Name	Telephone	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Dates : From	To
Supervisor's Name and Title	Annual Pay: Start	End
Your Job Title	Reasons for leaving	
Description of duties		

Employer #2

Employers Name	Telephone	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Dates : From	To
Supervisor's Name and Title	Annual Pay: Start	End
Your Job Title	Reasons for leaving	
Description of duties		

Employer #3

Employers Name	Telephone	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Dates : From	To
Supervisor's Name and Title	Annual Pay: Start	End
Your Job Title	Reasons for leaving	
Description of duties		

Employer #4

Employers Name	Telephone	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Dates : From	To
Supervisor's Name and Title	Annual Pay: Start	End
Your Job Title	Reasons for leaving	
Description of duties		

	High School	Vocational or Undergraduate	Graduate
School name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training , apprenticeship or skills.			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application.			

SPECIAL SKILL AND QUALIFICATONS INCLUDING CERTIFICATES, REGISTRATIONS, OCCUPATIONAL LICENSES

References (non relation)

1.	_____ () _____
	Name Phone #
	Address
2.	_____ () _____
	Name Phone #
	Address
3.	_____ () _____
	Name Phone #
	Address

Language:			
	<i>Fluent</i>	<i>Good</i>	<i>Fair</i>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COOK COUNTY SCHOOLS TENNESSEN WARNING

Notice to Applicants for Employment

You have been asked to supply private or confidential information concerning yourself to ISD #166. Pursuant to M.S. 13.04, the District is required to notify you of the following information:

1. The School District intends to use the requested personal information for the following purposes.
 Determining eligibility for employment.
 In the event you become an employee, to process the payroll.
2. You may refuse to supply the requested personal information.
3. The following are known consequences arising from your refusing to supply the requested information:
 We cannot process your application and eligibility cannot be determined.
 In the event you become an employee, we cannot process your payroll.
4. The use of the private data we collect is limited to that necessary for the administration and management of the district hiring process. Persons or agencies with whom this information may be shared include:
 Selection Committee Members
 Central Administration, Supervisors and Board Members
5. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:
 The right to see and obtain copies of the data maintained on you.
 The right to be told the contents and meaning of the data.
 The right to contest the accuracy and completeness of the data.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

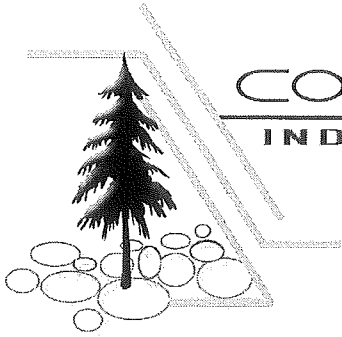
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume, or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer

Signature of Applicant

Date



COOK COUNTY SCHOOLS
INDEPENDENT SCHOOL DISTRICT 166

BACKGROUND CHECK

Date: _____

The following named individual has made application with ISD #166 for employment/volunteer.

Full Name of Applicant: _____
(please print) Last First Middle (full)

Maiden, Previous, Alias _____

Date of Birth: _____
Month/ Day/Year

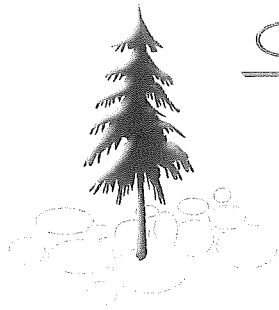
I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to pursuant to Minn. Stat. § 123B.03 for the purpose of employment as with this school district.

CONDITIONAL HIRING: I understand that ISD #166 may permit me to commence my employment duties pending completion of the criminal history background check and acknowledge and agree that I may be terminated based the result of the background check.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date



HEPATITIS B IMMUNIZATION ACCEPTANCE/DECLINATION RECORD

I have been informed about and understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection by the Hepatitis B Virus (HBV). The Cook County ISD 166 and/or its appointed Program Administrator has offered me the Hepatitis B vaccination series at no charge to me.

Please check *one* of the options listed below:

- I do not wish to receive the Hepatitis B Vaccination Series. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. I understand that by declining this vaccine, I may continue to be at risk of acquiring Hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive that vaccination at no charge to me.
- I have already received the Hepatitis B Vaccination.
- I do wish to receive the Hepatitis B Vaccination series. The Program Administrator will contact me regarding the time and place to receive the vaccination series.

NAME: _____ PHONE: _____
(Please Print)

NAME: _____ DATE: _____
(Signature)

EMPLOYED AS: _____

Adam R. Nelson, 6-12 Principal
anelson@isd166.org

Beth A. Schwarz, Superintendent
bschwarz@isd166.org

Gwen L. Carman, PK-5 Principal
gcarman@isd166.org