

Truman Public Schools
Independent School District No. 458
401 East 1st Street South, Box 276, Truman, MN 56088
Phone (507) 776-2111
Fax (507) 776-3379
www.truman.k12.mn.us

District 458 Application Form

It is the policy of the Truman School District to provide equal opportunity to all employees and applicants for employment. The Truman School District will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance. Our employment decisions are made on the basis of individual ability and merit.

Applicant Name

Last: _____ First: _____

Guidelines for Understanding the Employment Process and Completing The Application Form:

To ensure that your application will be accurately processed, please review the following:

1. Please print or type when completing this form.
2. EITHER: (a) Complete a separate application form for each position opening you apply for, following instructions completely and signing your application where required, or (b) Contact the District Office in writing and request that a previously completed application be used to apply for the current position opening.
3. Be specific and complete when filling out the Employment History section; application forms that are incomplete will be removed from further consideration. If additional space is needed to complete your employment history, extra sheets are available from the District Office.
4. Applications received after the closing date will not be accepted.
5. At a minimum, all School District openings will be advertised in the local newspaper.
6. All applications will be reviewed and evaluated to determine how well each applicant is suited for the position opening.
7. Interviews will be conducted with the building principal, athletic director or superintendent. Others may be involved as needed. After discussion, a candidate will be selected to be recommended to the Board of Education.
8. The Board of Education will make the final hiring decision.
9. The successful applicant will be notified and a starting date arranged. Applicants will be notified by mail that the position has been filled.

If you have any questions concerning completion of your employment application or the employment procedures for the Truman Public Schools, please contact Shirley Rohman at 507-776-2111.

Personal Information

Position Applying For _____

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Home Phone _____

Are you under 18 years of age? _____

Do you have any needs which may necessitate accommodations in the application or interview process? _____

If yes, please describe the type of accommodation requested: _____

Criminal Background Information

The School District may request information regarding criminal history in the event that you become a finalist for the position for which you are applying. If the position requires that a criminal background check be conducted, no offer of employment shall become final until receipt of the results of the background check from the BCA or other agency, the content of which is acceptable to the School District, and formal approval by the School Board.

Employment History

The Truman School District uses a 100-point system to assign value to the experience and training that relates most closely to the position you are applying for. Your experience and training will be scored using the experience and training value system designed for this position. Those applicants (typically the top 6 to 8) with the highest points will be interviewed for the position.

In order to receive the correct points and credit for the knowledge and skills you have acquired, it is absolutely necessary that you are specific when describing these skills. Do not use a single general statement to describe the duties you have performed. List each major duty performed for each position held within the past five years. Whether you are describing your experience as a teacher, clerical worker, truck driver, or social worker, list each duty separately and be specific. Describe duties in specific terms such as “performed word processing using WordPerfect” or “created spreadsheets using Lotus 1-2-3/Excel”. Statements such as “performed general clerical work”, “operated heavy equipment”, or “handled a foster care case load” are all too general.

Please be very specific in stating the dates of employment and number of hours you worked per week for each job experience indicated. We need this information to properly score your experience. If hours worked per week vary, please use the average number of hours worked per week.

Please give accurate, complete employment information. List your present or most recent experience first. Additional employment history sheets are available in the District Office if you need extra space to list your job experiences.

Present or Most Recent Employer

From: _____(month/year) To: _____(month/year)

Hours per week: _____

Number of years and months employed in this position: _____ Years _____ Months

What was your hourly salary (if this applies)? _____ Starting _____ Final

What was your annual salary? _____

Employer: _____

Address: _____

Supervisor's Name and Title: _____

Your Job Title: _____

Numbers and types of positions you supervised: _____

Reason for Leaving: _____

Principal Responsibilities (be complete): _____

Previous Employer

From: _____(month/year) To: _____(month/year)

Hours per week: _____

Number of years and months employed in this position: _____ Years _____ Months

What was your hourly salary (if this applies)? _____ Starting _____ Final

What was your annual salary? _____

Employer: _____

Address: _____

Supervisor's Name and Title: _____

Your Job Title: _____

Numbers and types of positions you supervised: _____

Reason for Leaving: _____

Principal Responsibilities (be complete): _____

Education

Educational Institution	Name & Address of Institution	Course of Study (Major/Minor)	Did you graduate?	Diploma or Degree Awarded
High School				
College				
College				
Other (Specify)				

Driver's Licenses

Please indicate if you currently have any of the following driver's licenses.

Minnesota Class A _____

Minnesota Class B _____

Minnesota Class D _____ or equivalent

Please include a photocopy of your license. **A copy with your application form is required for consideration.**

Other Licenses

Please list any other licenses or certifications that are required or pertinent to the position for which you are applying. If you have completed all requirements for your license or certificate but are waiting for processing by a government agency, please indicate this below. If you have a teaching license with the Minnesota Department of Education, please include a photocopy of it with this application form.

License or Certificate	Licensing Agency	Expiration Date	License #

Professional References

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or department heads under whom you have worked. Do not refer to an acquaintance or relative. The School District reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name _____	Address _____
Home Phone _____	Mobile Phone _____
Work Phone _____	Occupation _____

Name _____	Address _____
Home Phone _____	Mobile Phone _____
Work Phone _____	Occupation _____

Name _____	Address _____
Home Phone _____	Mobile Phone _____
Work Phone _____	Occupation _____

Have You . . .

1. Thoroughly read this entire application with special attention to the enclosed Tennessee Warning?
2. Signed this application in all required places? Check the following: (a) the Tennessee Warning; (b) the Employee Certification; (c) and the Claim for Veteran's Preferences. This application requires all the necessary signatures.
3. Provided sufficient information so that proper credit for training and experience is given?
4. Completed the claim for Veteran's Preference if applicable to you? A copy of your DD Form 214 is to be attached to the Claim Form at the time of application to determine eligibility for points. Your DD 214 will not be accepted after the position closing date.
5. Have you included copies for all licensing?

Employee Certification

Before signing this application, read the following waiver carefully.

- A. I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.
- B. I authorize all current and previous employers to release job-related information upon written request of the Truman Public Schools.
- C. I authorize the Truman Public Schools to verify all information on this application to determine whether or not I am qualified for the position which I am applying.
- D. I certify that the information contained in this application is true and complete. I understand that providing false information on this application may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.
- E. I understand that no offer of employment will become final until formal approval by the appointing authority.

Printed Name _____

Signature _____ Date Signed _____

Please return this completed application form to:

District Office Hiring
Truman Public Schools
401 East 1st Street South
Truman, MN 56088-0276

507-776-2111 Phone
507-776-3379 Fax

(Office Use Only) Date Received: _____

**Truman Public Schools
Veteran's Preference Claim Form**

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible for receiving a monthly veteran's pension benefit based exclusively on length of military service is not eligible. Providing the information in this section is voluntary.

Veteran Eligibility for Open Competitive Position (5 Points)

- A. Have a discharge under honorable conditions from active military service.
- B. Be a citizen of the United States or a resident alien.
- C. Have served on active duty for at least 181 consecutive days.
- D. Have been separated by reasons of disability incurred while serving on active duty.
- E. Have met the minimum active duty requirements for eligibility for federal veteran's benefits.

Disabled Veteran Eligibility for Open Competitive Position (10 Points)

Must have a compensable service connected disability as adjudicated by the United States Veterans Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position (5 Points)

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

All applicants claiming veteran's preference must attach a copy of his/her DD214. Failure to do so may result in loss of veteran's preference eligibility.

Name of Veteran (last, first, middle)

Date of Birth

Name of Applicant - if different than veteran (last, first, middle)

Address

City

State

Zip

To be Completed by Veteran or Spouse of Deceased Veteran

Are you a U.S. Citizen or resident Alien? ____ Yes ____ No. Were you honorably discharged from military Service? ____ Yes ____ No. If yes, and you are seeking your first promotion with the Truman Public Schools, what is the % of your disability? _____

For spouse of deceased veteran, date of death? _____

Signature of Veteran

Social Security Number

Date

If spouse of Disabled Veteran, please answer the following:

If spouse is disabled, please explain why your spouse does not qualify for this position _____

Claim Number (if disabled)

State Claim is Filed in

Complete this Page If the Position For Which You Are Applying Requires a Minnesota Department of Education License

Do you hold a current Minnesota license? _____

Are you currently renewing or applying for a Minnesota license? _____

Have you ever had a teaching or administrative license revoked? _____

Have you ever been disciplined by the Board of Teaching based on the determination that sexual misconduct or attempted sexual misconduct occurred between yourself and a student?

No _____ Yes _____ If yes, please explain _____

I understand that if I am employed, any false statement, misrepresentation, or omission of facts concerning these statements, regardless of when discovered to be false, misrepresented or omitted, shall be considered sufficient cause for dismissal.

Extra-Curricular Fields

List the extra-curricular fields you are interested in and/or qualified to supervise _____

Related Experience Which You Feel Is Relevant to Your Application

(List any experience: business, trade, professional organizations, volunteering, military service, etc.

Tennessen Warning

In accordance with the Minnesota Government Data Practices Act, the Truman School District is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the Truman Public Schools. All data collected is considered private except for the following;

1. Your veteran's status
2. Relevant test scores.
3. Your rank on our eligibility list.
4. Your job history.
5. Your education and training.
6. Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the Truman School District. Furnishing Social Security numbers, date of birth (unless a minimum age is required), sex, age group, and disability date is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available to you, appropriate District employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability date, the information you give us about yourself is needed to identify you and to assist the Truman School District in determining your suitability for the position for which you are applying.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant's Printed Name

Applicant's Signature

Date