



List courses and credits beyond last degree completed: (enclose extra sheet if needed)

Institution	Course & No.	Date of Attendance	Qtr. Hour Credit

Complete the following:

Major: \_\_\_\_\_ Quarter Hours Credit: \_\_\_\_\_

Major: \_\_\_\_\_ Quarter Hours Credit: \_\_\_\_\_

Minor: \_\_\_\_\_ Quarter Hours Credit: \_\_\_\_\_

Minor: \_\_\_\_\_ Quarter Hours Credit: \_\_\_\_\_

Special Licensure, if any: \_\_\_\_\_

Give full and accurate data regarding your work and teaching experience. Internships and student teaching do not apply. Cite any professional or related experience. Vocational school applicants cite trade experience. Begin with the most recent experience:

Name of School or Institution and Location	Grades of H.S. Subjects or Position Held	Dates From-To	No. of Days or Years	No. of Teachers in System

Total Number of years \_\_\_\_\_

References - list references who have first-hand knowledge of your character, personality, scholarship, and teaching ability. If experienced, cite at least one former employer.

Name	Address/Phone	Official Position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

On a separate sheet, list detailed information which you may want to express in order to receive maximum consideration for employment.

**Equal Employment Opportunity**

It is the policy of the Buffalo Lake-Hector-Stewart School District (BLHS) to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, membership or activity in a local commission, disability, sexual orientation or age.

**Data Privacy Notice**

The information requested on this application is intended to be used by the BLHS in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the BLHS being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the BLHS may be unable to provide the necessary accommodations if you do not provide the information in the Special Accommodation Section. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the BLHS without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

**Prior Employment**

Have you ever been discharged, forced to resign from employment or resign as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were the claimant/plaintiff?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If Yes, identify the employer and describe the circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal Background Information**

The BLHS will conduct a criminal background check on individuals upon making a contingent job offer. The applicant who is offered employment must sign a criminal history consent form and provide a money order or check payable to the BLHS in an amount equal to the actual cost of conducting the BCA criminal history background check. No offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable to the BLHS, and formal approval by the BLHS Board of Directors.

Are you eligible to work in the United States?    \_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you ever been convicted of a misdemeanor or felony?    \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please identify the specific crime, the sentence you received, and a description of the circumstances. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes, give the date, city, state and county where convicted.

\_\_\_\_\_  
\_\_\_\_\_

**Certification, Acknowledgment and Release**

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the BLHS.

I understand, acknowledge, and agree that no offer of employment will be final or binding until it has been approved by the BLHS Board of Directors. I understand that until such approval has been given by the BLHS Board of Directors, the BLHS will not be liable for any reliance I may have on any oral or written offers of employment made to me.

In connection with this application I hereby authorize any and all current and former employers, organizations where I have volunteered (volunteer organizations) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the BLHS and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the BLHS will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my electronic authorization.

I hereby release the BLHS and all of my former employers, volunteer organizations, and references listed herein and any and all agents acting on their behalf for any and all liability of whatever nature by reason of requesting or providing such information.

Signature \_\_\_\_\_

To the best of my knowledge, the information contained herein is accurate and true. In compliance with Title IX, this application will be placed on file for a period of three (3) years.