



CLIMAX-SHELLY PUBLIC SCHOOL APPLICATION FOR EMPLOYMENT



Climax-Shelly ISD #592 is an Equal Opportunity Employer and complies with all state and federal civil rights and equal employment laws and regulations. All prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap. We are also a smoke free and drug free workplace.

Last Name	First Name	Middle	Date
Street Address			Home Phone
City, State, Zip			Business Phone
Position Desired		Salary Desired	Social Security #
Are you legally eligible for employment in the U.S.?			Date available to start
Other special training or skills (languages, machine operation, etc.)			

EDUCATION

SCHOOL	Name & Location of School	Course of Study	Years Completed	Did you Graduate?	Degree
College					
High School					

After reviewing the functions of the job you are applying for, do you have any physical/mental condition that would substantially limit your ability to perform that job? If YES, explain:

Are you applying for? _____ Full Time _____ Part Time _____ Temporary

PROFESSIONAL LICENSE AND/OR CERTIFICATIONS

Are you currently: _____ Registered _____ Licensed _____ Certified

If licensed, registered or certified				
	Type	State Issued	Date	No.
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EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (State Month & Year) From: _____ To: _____
Name of Supervisor	Weekly Pay: Start: _____ Last: _____
State job title and describe your work	Reason for leaving

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MILITARY (Complete this section if you served in the U.S. Armed Forces)

Describe your duties and any special training	Branch of Service
	From _____ To _____
	Rank _____
	Date of Discharge _____

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any and such investigation.

_____ Date _____ Signature

You may attach a personal resume or information sheet to this application

Send completed application and information to:

Dan Dalchow – Superintendent
Climax-Shelly ISD #592
111 East Broadway
Climax, MN 56523

email: ddalchow@isd592.org