Employment Application Instructions

General Information

• **IMPORTANT! You must complete all parts of the application.** Read the job announcement carefully before you apply. Announcements may contain special instructions and requirements.

• Submit a separate application for each job. Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable.

• We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted unless they are postmarked on or before the closing date of the job announcement.

• If your application is incomplete or does not clearly show the experience and/or training required, your application will be rejected.

• **Resumes may be submitted with the application but not in lieu of a completed application.**

• For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application form. **Be complete.**

• Your application and all attachments before the property of Independent School District No. 2342 and will not be returned. Keep a copy of your completed application form if necessary.

• You are welcome to submit an application whether or not there are any jobs available at the time. However, your application will only be kept for six (6) months and you must call the District Administrative Office to have your application considered for a specific position that is advertised.

**Important Facts About Information On Your Application**

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies you may be considered for employment (to comply with M.S. § 13.43, Subd. 2). If you are employed, the data will be available to the Payroll Department, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the District Administration Office by letter.

<table>
<thead>
<tr>
<th>Private Data</th>
<th>Why we ask for it?</th>
<th>Are you legally obligated to provide it?</th>
<th>What may happen if you don’t provide it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security No.</td>
<td>To distinguish you from others and to make processing more efficient.</td>
<td>No</td>
<td>In most cases, nothing. However, it will help to ensure we do not confuse your records with those of others</td>
</tr>
<tr>
<td>Name</td>
<td>To distinguish you from others.</td>
<td>Yes</td>
<td>Failure to provide information may be cause for rejecting application</td>
</tr>
<tr>
<td>Address</td>
<td>To send mail regarding job.</td>
<td>Yes</td>
<td>Failure to provide information may be cause for rejecting application.</td>
</tr>
</tbody>
</table>
Affirmative Action Information (Voluntary)

The information requested below will be used for statistical purposes only. It will evaluate our recruitment process in light of federal and state equal opportunity laws. Your cooperation is strictly voluntary. Your application will be reviewed whether or not you provide this information.

Date: _________________________  Position _________________________

Social Security Number ________________  Gender: ☐ Male ☐ Female

Ethnic Identification: ☐ African American  ☐ Asian or Pacific Islander  ☐ Hispanic
☐ Native American  ☐ Caucasian  ☐ Other ________

Special Notice to Disabled Individuals:

If you are a disabled person, you are invited to volunteer information concerning any personal, physical or mental disability and your suggestions on how it may be accommodated.

Do you have a disability which substantially limits basic work activities? ☐ Yes ☐ No

Suggestions for reasonable accommodations: __________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Veteran’s Preference Points Supplement (must be completed by all applicants)

Veterans Preference Points Instructions:
Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statute § 43A.11. To be eligible for veteran’s preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND NOT be currently receiving or eligible to receive a monthly veteran’s pension based exclusively on length of military service.
The information you provide on this form will be used to determine your eligibility for veteran’s preference points. You are not required to supply this information, but we cannot award points without it.

You must supply a copy of your DD214. Disabled veterans must also apply supply Form PI-802 or an equivalent letter from a service retirement board. If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

Applicant’s Full Name_______________________________________________________

Position Applying for ______________________________________________________

Are you applying for veteran’s bonus points? ☐Yes ☐No

If you answered “yes” you must complete the application on the next page. Your DD214 or other documentation must be received by the District Administration Office no later than seven (7) calendar days after the application deadline.

Veteran’s Preference Points Application

Veteran: ☐Self ☐Spouse - If Spouse, veteran’s name____________________________________

Branch of Service: _______________ Period of Active Duty from ___________ to _________

Rank at Discharge: ___________________ Type of Discharge: ___________________

Date of Final Discharge: _______________ Service #: ________________________________

Are you receiving or eligible for a military pension? ☐Yes ☐No

Do you have a service related disability? ☐Yes ☐No

Preference Requested: ☐Veteran ☐Disabled Veteran
☐Spouse of Disabled Veteran ☐Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions). If the documentation is not attached, it must be received by the District Office no later than seven (7) calendar days after the application deadline for the position to guarantee points are awarded in a timely manner. Supporting documentation is attached: Will be submitted within seven (7) days.

Legal to Work

Do you legally have the right to work in the United States? ☐Yes ☐No
In accordance with the Immigration Reform and Control Act of 1986, Independent School District No. 2342 hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program.

**Signature**

I understand that Independent School District No. 2342 has the right to verify information provided in this application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize Independent School District No. 2342 and any agent acting on its behalf to conduct any inquiry into any job related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the School District and any agent acting on its behalf from any and all liability by reason of requesting information from any person.

☐ Yes    ☐ Yes, but not present employer until job is offered

☐ No (we may be unable to hire you without this information).

I declare that any and all statements made in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

Date _____________ Signature _______________________________________

**Source**

How did you learn about the position you are applying for?

☐ Newspaper ☐ Job Service ☐ Internet ☐ School Placement Office ☐ Other
JOB APPLICATION

WCA Schools ISD #2342
301 County Road 2
Barrett, MN  56311
(320) 528-7305

WCA Schools ISD #2342 is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a district representative.

Please fill out all of the sections below:

**Employment Position**
Position you are applying for: __________________________________________________
Date of application: __________________________________________________________
Date available for work: _______________________________________________________
Do you have any relatives working for the School District? If so, please provide relationship:
__________________________________________________________________________
Have you been employed by the School District before? If so, in what position?
____________________________________________________________________________

Employment Conditions Desired (check all that apply): ☐ Full-time ☐ Part-time ☐ Temporary

**Applicant Information**
Applicant Full Name: __________________________________________________________
Address (include city, state, zip code): ________________________________
 Telephone Numbers: ________________________________
Social Security Number: ________________________________
If under age 18, date of birth: ________________________________
Driver’s License Number, State, and Class: ________________________________
Work Experience
(List ALL positions you have held, starting with most recent. Please do not include dates more than 10-years ago. Attach additional sheet of paper if necessary.)

Name of Employer ____________________________________________________________
Address (include city, state, zip code): _____________________________________________
Telephone Number: ______________________________________________________________
Position Title: ________________________________________________________________
Length of Employment: From ______________________ to _________________
Supervisor’s Name and Title: ____________________________________________________
Reason for Leaving: ___________________________________________________________
___________________________________________________________________________
Last Salary: _________________ Hours Per Week: ________________________
Number and Type of Positions You Supervised: _____________________________________
Job Duties: ____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
May We Contact This Employer? Please explain ______________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Name of Employer ____________________________________________________________
Address (include city, state, zip code): _____________________________________________
Telephone Number: ______________________________________________________________
Position Title: ________________________________________________________________
Length of Employment: From ______________________ to _________________
Supervisor’s Name and Title: ____________________________________________________
Reason for Leaving: ___________________________________________________________
Education:
Did You Graduate High School or Receive a GED?  ☐ Yes ☐ No

How Many Years of Education have you completed?  Circle One - 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Masters, PhD or Other (please explain) __________________________

Name and Location of Each School Attended  Did you Graduate?  Certificate or Degree
Course of Study
1)

2)

3)

4)

5)

Relevant current professional memberships, registrations or licenses (include date issued):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Job Relevant Volunteer and Unpaid Work Experience:

Kind of Volunteer Activity  Major Responsibilities  Hours per Month  Length of Service (do not specify name)
1)

2)

3)

4)

5)

Office Equipment and Computer Experience:

List Office Equipment Experience (be specific): ____________________________
List Computer Experience (be specific): _____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

References:
Give the names of four (4) who can be contacted regarding your qualifications, work habits and character. Please do not list relatives:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Position/Relation to Work</th>
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<tbody>
<tr>
<td>1)</td>
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<td>2)</td>
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<td>4)</td>
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</table>
DISCLOSURE AND AUTHORIZATION

[IMPORTANT—PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As part of the employment process, THE MCDOWELL AGENCY, INC, who is a vendor or service provider and its client, West Central Area Schools ISD 2342 may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained regarding applicants for employment is an investigation into your education and/or employment history conducted by THE MCDOWELL AGENCY, INC., 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, http://www.mcdowellagency.com. The scope of this notice and authorization is all-encompassing, however, allowing the Company and Sponsor to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company and Sponsor at any time after receipt of this authorization and throughout my employment if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by THE MCDOWELL AGENCY, 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, http://www.mcdowellagency.com, another outside organization acting on behalf of the company, and/or the Company itself. THE MCDOWELL AGENCY Privacy Policy: http://mcdowellagency.com/resources/frequently-asked-questions/. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. If you did not receive Article 23-A, please contact us or visit: https://www.labor.ny.gov/formsdocs/wp/correction-law-article-23a.pdf
Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Employer please note: If a Minnesota or Oklahoma checks “YES” regarding the consumer report, or if a California consumer checks “YES” regarding the credit report (and you do request a credit report), you must provide the individual a copy of their report. If consumer checks “YES” regarding the full consumer report, and consumer resides in California, you must provide the individual with a copy of their consumer report, unless you have made prior arrangements for THE MCDOWELL AGENCY to do so on your behalf.

By signing below, I acknowledge that I have read and understand the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES above.

Signature ____________________________ Date (mm/dd/yyyy) ____________________________

APPLICANT/CONSUMER INFORMATION

Please print legibly. This information will be used for background screening purposes only and will not be used as hiring criteria.

Last Name ____________________________ First ____________________________ Middle ____________________________

Other Names/Aliases ____________________________ Date of Birth (mm/dd/yyyy) ____________________________

Social Security Number ____________________________ Driver’s License Number ____________________________ State Issued ____________________________ Phone Number ____________________________

Current Street Address ____________________________ Current County ____________________________

Current City ____________________________ Current State ____________________________ Current Zip ____________________________

Please list all previous addresses within the last seven (7) years: (attach a separate sheet if necessary)

Street Address ____________________________ City/State/Zip ____________________________ County ____________________________ Dates of Residence ____________________________

Street Address ____________________________ City/State/Zip ____________________________ County ____________________________ Dates of Residence ____________________________

Street Address ____________________________ City/State/Zip ____________________________ County ____________________________ Dates of Residence ____________________________

Street Address ____________________________ City/State/Zip ____________________________ County ____________________________ Dates of Residence ____________________________

The above information is true and correct to the best of my knowledge. By signing below, I give The McDowell Agency, Inc. permission to perform an investigation into my background. If hired, this authorization is valid for the duration of my employment.

Signature ____________________________ Date (mm/dd/yyyy) ____________________________
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

<table>
<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates</td>
<td>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</td>
</tr>
<tr>
<td>b. Such affiliates that are not banks, savings associations, or credit unions also should list,</td>
<td>b. Federal Trade Commission: Consumer Response Center – FCRA</td>
</tr>
</tbody>
</table>
in addition to the CFPB:

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Address</th>
</tr>
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<tbody>
<tr>
<td>2.</td>
<td>To the extent not included in item 1 above:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Federal Credit Unions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Office of the Comptroller of the Currency Customer Assistance Group</td>
<td>1301 McKinney Street, Suite 3450, Houston, TX 77010-9050</td>
</tr>
<tr>
<td></td>
<td>b. Federal Reserve Consumer Help Center</td>
<td>P.O. Box 1200, Minneapolis, MN 55480</td>
</tr>
<tr>
<td></td>
<td>c. FDIC Consumer Response Center</td>
<td>1100 Walnut Street, Box #11, Kansas City, MO 64106</td>
</tr>
<tr>
<td></td>
<td>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO)</td>
<td>1775 Duke Street, Alexandria, VA 22314</td>
</tr>
<tr>
<td>3.</td>
<td>Air carriers</td>
<td>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</td>
</tr>
<tr>
<td>4.</td>
<td>Creditors Subject to the Surface Transportation Board</td>
<td>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</td>
</tr>
<tr>
<td>5.</td>
<td>Creditors Subject to the Packers and Stockyards Act, 1921</td>
<td>Nearest Packers and Stockyards Administration area supervisor</td>
</tr>
<tr>
<td>6.</td>
<td>Small Business Investment Companies</td>
<td>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</td>
</tr>
<tr>
<td>7.</td>
<td>Brokers and Dealers</td>
<td>Securities and Exchange Commission 100 F Street, N.E.</td>
</tr>
</tbody>
</table>
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090 |
|---|---|
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357 |