



**ISLE PUBLIC SCHOOLS
INDEPENDENT SCHOOL DISTRICT NO. 473**

730 5TH AVE. SO., P.O. BOX 25, Isle, MN 56342
320.676.3146 320.676.3966 Fax

TEACHER APPLICATION – POSITION SOUGHT: _____

Applicant Information

Last Name		First Name		Middle Name	Other Name
Street Address		Apt #	City		State Zip
Home Phone			Daytime Phone (permitted to receive daytime calls)		

License Information

Minnesota License File Folder Number _____ If you are not licensed in Minnesota, have you applied for a license? <input type="checkbox"/> Yes or <input type="checkbox"/> No Have you completed a HOUSSE application? (<i>Special Ed only</i>) <input type="checkbox"/> Yes or <input type="checkbox"/> No If so, please identify district: _____	Licensure Area _____ _____ _____ _____	Licensure Grade Level _____ _____ _____ _____
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Education and Experience Information

Highest Degree Attained: <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD/Sp	Credits Beyond Last Degree: Quarter _____ Semester _____	Years of Teaching Experience: (do not include student teaching) _____ Have you completed 3 years of teaching in a MN school district? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please identify: _____				
High School from which you Graduated		High School City/State				
College or University Name	City/State	GPA	Major	Minor	Dates	Degree
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Graduate School Name	City/State	GPA	Major	Minor	Dates	Degree
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
College Honors and Activities						

Curricular and Extra Curricular Experience

Activity	Years of Experience as a coach/director	Activities you are qualified for and want to coach / direct?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Licenses and Certifications that you hold (copies of licenses must be attached with application)

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<p>Professional Development Experience:</p>
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EMPLOYMENT HISTORY - List most recent employer first. Include post high school only.

Are you presently employed? Yes No

Employer Name	Start Date	End Date
Address	Position Held or Subject and Grade Taught	Salary / Wage
City State Zip	Immediate Supervisor	Phone # Hrs/Week or FTE

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Address	Position Held or Subject and Grade Taught	Salary / Wage
City State Zip	Immediate Supervisor	Phone # Hrs/Week or FTE

REFERENCES - List names of those who have closely observed your work as a student or teacher

Name	Title
Address	Home Phone
City State Zip	Office Phone

Name	Title
Address	Home Phone
City State Zip	Office Phone

Name	Title
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City	State	Zip	Office Phone
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BACKGROUND CHECK

A thorough background check will be conducted as required by law

Have you ever been convicted of a felony, pleaded no contest or received probation? <i>If yes, date and location of conviction</i> _____ <i>If yes, state the nature of the offense, date of the conviction and location of the court:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined, discharged, or asked to resign from a prior position? <i>If yes, describe the circumstance:</i> _____ <i>Date and location of incident:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been the subject of an investigation by a previous employer? <i>If yes, describe the circumstance:</i> _____ <i>Date and location of incident:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with sexual abuse or harassment of another person? <i>If yes, describe the circumstance:</i> _____ <i>Date and location of incident:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime other than a minor traffic offense? <i>If yes, describe the incident:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a professional license or certificate suspended or revoked in any state? <i>If so, date and location of incident:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever voluntarily surrendered, even temporarily, a professional license? <i>If so, describe and state date of surrender:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever pled guilty to any offense? <i>If yes, describe the circumstance:</i> _____ <i>Date and location of incident:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any criminal charges or proceedings pending against you? <i>If yes, explain:</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All applicants need to show a US passport, a Certificate of US Citizenship, Certificate of Naturalization, an unexpired foreign passport with attached Employment Authorization, an Alien Registration Card with photograph, a US Military ID, or a state-issued driver's license and original Social Security Card or birth certificate issued by the state, county or municipal authority bearing a seal or other certification or an unexpired INS Employment Authorization form. We will need to verify that we see the original document.

CONSENT SIGNATURE TO THE FOLLOWING:

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

I further affirm my knowledge and agreement that falsified information or significant omission either on the application or during an interview may disqualify me from further employment consideration or may constitute statutory grounds for immediate discharge.

Initial

CONSENT TO REQUEST INFORMATION

I hereby authorize Isle Public Schools to contact any or all previous employers, references, or other sources of data listed in this application as defined therefrom, to request information for the purpose of an employment decision. Said data requested

authorized to release and provide to Isle Public Schools any and all requested data which the Isle Schools deems reasonably necessary to arrive at the decision regarding employment.

Initial

CONSENT TO CRIMINAL BACKGROUND CHECK

I understand that effective January 1, 1996, school districts in Minnesota are required to conduct criminal background checks on all individuals who are offered employment with the school district. As an applicant for a position with the school, I may be offered a position which will require the initiation of a criminal background check under M.S. 120.1045. My consent for such a background check is granted.

_____ Initial

ISD 473 is a smoke/tobacco free environment. Use of tobacco products within school buildings, school vehicles or on school grounds is prohibited. Your signature below indicates your knowledge of this policy and your willingness to abide by it.

Signature

Date

It is the policy of Isle Public School District #473 not to discriminate on the bases of sex, marital status, religion, status with regard to public assistance, disability or age in its educational programs, activities, or employment policies as required by Title IX of the 1972 Education Amendments.

On a separate page, please answer the following:

- ***What is your preferred style of teaching?***
- ***What are some techniques you use for classroom management?***
- ***List any participation in any professional activity you engaged in for the improvement of the school or schools where you previously were employed. (Curriculum revision, staff development, etc.)***

Your application is not complete until we have received the following:

- Completed application, in hard copy, printed by applicant
- Letter of Application, in hard copy, printed by applicant.
- Résumé, in hard copy, printed by applicant
- Copy of licensure, in hard copy, printed by applicant
- All transcripts (copies are acceptable), in hard copy, printed by applicant
- Copy of Praxis Test Results, in hard copy, printed by applicant
- Letters of Recommendation, in hard copy, printed by applicant

Return all the materials listed above to:

Isle Public Schools
730 5th Ave. So.
P.O. Box 25
Isle, MN 56342

Fax 320.676.3966
www.isle.k12.mn.us

(Application packages will not be eligible for consideration until all requested materials are received.)

EQUAL OPPORTUNITY EMPLOYER