## **Hawley Public Schools**

Independent School District #150
Hawley Elementary School, 915 7<sup>th</sup> Street, 218-483-3316
Hawley High School, 714 Joseph Street, 218-483-3555
PO Box 608
Hawley, MN 56549

## **EMPLOYMENT APPLICATION**

**Classified Employees** 

Applications for all positions are considered without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Please print: Position Applying For:	Date:
Applicant Name:	
Applicant Address:	
Email Address:	
	Nights:
<ul><li>Please answer all questions:</li><li>When are you available to begin emplo</li></ul>	oyment?
<ul> <li>Are you available to work evenings?</li> <li>Are you between the ages of 18 and 65</li> </ul>	
Were you ever in the military?	If yes, state Branch and dates
	mental or medical, which would interfere with your ability to perform
<ul> <li>Have you applied for employment with Hawley Public Schools before?</li> </ul>	the Hawley Public Schools before or have you been employed by the
Legal Information:	
Are you eligible to work in the United S	tates?
<ul> <li>Have you ever been convicted of a crim</li> </ul>	ninal offense other than a minor traffic violation or petty
misdemeanor? If yes, explain, giving da	ates:
<ul> <li>Have you ever had any indicated findin</li> </ul>	g of child abuse filed in your name? If yes, explain, giving dates:
<del></del>	· · · · · · · · · · · · · · · · · · ·
<ul> <li>Does your name appear on any sex offer</li> </ul>	ender database in any state or country?

These positions and state law require the completion of a criminal background check paid at applicant expense.

## High School Name & Location: Year of Graduation: \_\_\_\_\_ Grade Completed: 9 10 11 12 Circle: Diploma or GED Vocational School/College Name & Location: Years Attended: \_\_\_\_\_ Diploma or Certification & Date: \_\_\_\_\_ **Work Experience:** Please Indicate the Last Three Jobs Held in Order of Latest Held: Company: \_\_\_\_\_ Dated From-To: \_\_\_\_\_ Reason for Leaving: Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary When Left: \_\_\_\_\_ May We Inquire of This Employer? \_\_\_\_ Company: \_\_\_\_\_ Dated From-To: \_\_\_\_ Reason for Leaving: Supervisor: Phone: \_\_\_\_\_\_ Salary When Left: May We Inquire of This Employer? \_\_\_\_\_\_ Dated From–To: \_\_\_\_\_\_ Company: Reason for Leaving: Supervisor: May We Inquire of This Employer? Salary When Left: Do you possess any unique skills, training or abilities that would qualify you for the employment you are seeking?

**Education:** 

References:	
Please list three personal references that are not related to ye	ou:
Name:Address:	Phone:
Name:Address:	Phone:
Name:Address:	
Additional Information:  If there is any additional information you would care to provide	de, please do so in the space provided:
Any false information on this application may be grounds for	termination.
Applicant Signature:	Today's Date: