



# Application Certified/Instructional/Administrator General Information

Name (First, Middle, Last) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Present position/employment \_\_\_\_\_ Date Available? \_\_\_\_\_

Position(s) Applying for:

- Birth – 3    Special Education    Elementary    Secondary    Administration    Other

If **elementary**, please check the subject areas you feel best qualified to teach:

- Language Arts    Math    Social Studies    Science    Music    Health/P.E.    Other

Do you have a right to work in the United States?  Yes  No  
(Appropriate documentation will be required upon employment)

## Licensure

Complete the following licensure information for your current and past license(s):

Folder Number	Subject/Grade Level	State Issued By	Date Issued	Expiration Date

Please continue on separate sheet and attach, if necessary.

Do you hold a current Minnesota teaching license?    Yes  No

If No, have you applied for one?    Yes  No

If Yes, what is the status of the application?

---



---

Have you achieved Highly Qualified status either in Minnesota or any other state?  Yes  No

If Yes, When? \_\_\_\_\_ Where? \_\_\_\_\_ What core subjects? \_\_\_\_\_

Have you had your teaching license suspended, revoked or subject to any form of disciplinary action?  
 Yes  No

If Yes, please explain the circumstances, including the date, description of disciplinary action taken, the state and/or entity that took the action, and current status. Please continue on a separate sheet and attach, if necessary.

Has a report ever been made about you to the Minnesota Board of Teaching or any other state licensing Agency?  Yes  No

If Yes, please explain the circumstances, including the date of the report, the nature of the report, the agency to which the report was made, and the final disposition. Please continue on a separate sheet and attach, if necessary.

Has a child protection report ever been made about you to the Minnesota Department of Education or other child protection agency?  Yes  No

If Yes, please explain the circumstances, including the date of the report, the nature of the report, the agency to which the report was made, and the final disposition. Please continue on a separate sheet and attach, if necessary.

**NOTE: If hired, it is your responsibility to keep all applicable licenses and certifications current at all times. Failure to do so may result in immediate discharge from employment.**

## Education and Professional Training

List high school attended, then colleges or universities in chronological order. Include all undergraduate and graduate work.

Name and Location of High School(s)	Graduated		Diploma or Certification Earned	Cumulative GPA
	Yes	No		

Name and Location of Undergraduate Colleges/Universities	Graduated		Degrees/ Certification Awarded	If no Diploma, Number of Credits Earned	Cumulative GPA
	Yes	No			

Please continue on separate sheet and attach, if necessary

Name and Location of Institution (graduate work)	Graduated		Degrees/ Certification Awarded	If no Diploma, Number of Credits Earned	Cumulative GPA
	Yes	No			

Please continue on separate sheet and attach, if necessary.

Describe any education or training you have which is not covered above, such as vocational school, correspondence courses, or staff development training.

---



---



---

## Employment History

**Teaching Experience in Minnesota. Do not list student teaching experience. Please continue on separate sheet and attach, if necessary.**

From Mo./Yr	To Mo./Yr	School District Or Private School	Location/Address And Telephone No.	Grade, Subject And School	Name of Supervisor	Reason for Leaving	Total No. of Consecutive Years of Employment In the School District

**Teaching Experience – Other States. Do not list student teaching experience. Please continue on separate sheet and attach, if necessary.**

From Mo./Yr	To Mo./Yr	School District or Private School	Location/Address And Telephone No.	Grade, Subject And School	Name of Supervisor	Reason for Leaving

**Other Employment. Include unpaid positions, i.e. coaching. Please continue on separate sheet and attach, if necessary.**

From Mo./Yr	To Mo./Yr	Employer or Organization	Location/Address And Telephone No.	Name of Supervisor	Position/Duties	Reason for Leaving

Have you ever been discharged or asked to resign from prior employment?  Yes  No

If so, was it pursuant to a separation agreement?  Yes  No

If Yes to either of the above, identify the employer and describe the circumstances. Please continue on separate sheet and attach, if necessary.

---

---

---

Have you ever been disciplined or reprimanded (written or oral) by a previous employer?  Yes  No

If so, please explain the details, including the identity of the employer, the date(s), the reasons for the discipline, and the name of the supervisor involved. Please continue on separate sheet and attach, if necessary.

---

---

## Veteran Status

Have you completed a period of U.S. military duty exceeding 180 consecutive days?  Yes  No

Were you separated from such service with an honorable discharge?  Yes  No

Are you a disabled veteran?  Yes  No

Are you the spouse of a disabled veteran?  Yes  No

Are you the spouse of a deceased veteran?  Yes  No

**NOTE: If you are applying for a position to which veteran's preference rights apply, such rights will be applied only upon receipt of the Veteran's Discharge Documents (DD214). Please attach a copy of your DD214 form or forward it within 48 hours of submission of your Application.**

## Professional Skills and Other Qualifications

List professional activities in which you have been engaged: research, private study, articles published, offices held, etc.

---

---

List academic honors or awards:

---

---

What specific experiences/talents do you have with regard to integrating technology into your classroom:

---

---

Describe what makes you well suited for this position:

---

---

Why do you want to work for Inver Grove Heights Community Schools?

---

---

Can you perform, with or without accommodation, all the essential duties of the position you seek?

Yes  No  With Accommodation  Without Accommodation

If accommodation is requested, please describe what is requested: Please continue on separate sheet and attach, if necessary.

---

---

---

## Criminal Background Information

**The School District will conduct a criminal background check on applicants. Any offer of employment is contingent on the final results of the criminal background check and final School Board action.**

Have you been arrested for, charged with, or convicted of any crime (misdemeanor, gross misdemeanor or felony) regardless of whether it was dismissed?  Yes  No

If yes, please explain, including: (1) the date of the arrest, charge or conviction; (2) the nature and type of crime; (3) the city, county and state (or country) of the arrest, charge, or conviction; and (4) the status and/or disposition of the arrest, charge or conviction (including any plea agreement, stays, or probation/parole).

---

---

---

---

Please continue on a separate sheet and attach, if necessary.

Do you currently have any charges pending against you, other than parking violations?  Yes  No

If yes, please explain the nature of the charge and the circumstances.

---

---

---

If you have been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child, place an "X" in this box  and attach a separate sheet with the details.

If you currently have charges pending of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child, place an "X" in this box  and attach a separate sheet with the details.

## Privacy Notice

The information requested on this application is intended to be used by the School District in determining suitability for employment for the position which you are currently seeking or may seek in the future. Failure to provide complete and truthful information may result in the School District being unable or unwilling to offer employment to you. This application contains both public and private data, as classified under the Minnesota Government Data Practices Act. Private data will not be released without your consent except to School District personnel and School Board members involved in the hiring process and as permitted by state or federal law. Public data collected about you during the application process will be released, upon proper request. Such data includes: veteran's status; relevant test scores; rank on eligible list; job history; education and training; work availability; and your name after you have been selected to be interviewed.

# Applicant's Certification, Acknowledgement and Release

I certify that the information I have provided on this application is complete, accurate and true. I understand that any false or misleading information provided, or any omission or concealment of facts, will (1) disqualify me from consideration for employment; (2) constitute grounds for withdrawal of any offer of employment or (3) constitute grounds for my immediate discharge should I be employed by the School District.

I understand and agree that any offer of employment to me is contingent on the outcome of my background checks, including, but not limited to, criminal background checks and any required drug/alcohol testing and physical examinations. Further, any offer of employment to me is subject to School Board approval.

I hereby authorize any and all of my current and former employers (paid or unpaid) or their employees/agents, to release to the School District and its agents, any and all information, whether classified as public or private data under the Minnesota Government Data Practices Act, regarding my work history, conduct and performance. My authorization, as it applies to the release of data classified as private under the Minnesota Government Data Practices Act, expires one year from the date of my signature. I understand that such information may be used in the School District's hiring decision, and I hereby release the School District, my former employers and the employees, former employees and agents of both the School District and my former employers from any and all liability by reason of requesting, receiving or providing such information.

I understand and agree that unless otherwise defined by applicable law or employment contract, any employment relationship with Inver Grove Heights Community Schools is "at will", which means that an employee may resign at any time and the School District may discharge the employee at any time with or without cause. An "at will" employment relationship may not be modified except in writing by an authorized School District administrator.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

*It is the policy of Independent School District No. 199, Inver Grove Heights Community Schools, to provide equal employment opportunity to all, without discrimination on the basis or race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age. This policy also prohibits discrimination under related federal statutes, including Title VI of the Civil Rights Act of 1964 (race and national origin), Title IX of the Education Amendments of 1972 (sex), and Section 504 of the Rehabilitation Act of 1973 (handicap).*

**A COMPLETED APPLICATION FILE CONSISTS OF THE FOLLOWING:**

- Letter of Interest and Résumé
- Completed and signed Application
- Copy of undergraduate and graduate transcripts
- Letters of Recommendation (at least 2)
- Copy of current Minnesota teaching license
- Application Supplement (administrators only)

**Please mail or deliver application and materials to:**

**Inver Grove Heights Community Schools  
Attn: Personnel  
2990 80<sup>th</sup> Street East  
Inver Grove Heights, MN 55076**

## **FMLA NOTICE**

The ability to qualify for FMLA is statutorily mandated and limited. As a new and/or a part-time employee chances are great that you will not meet the annual hours worked to receive FMLA. The practice of this district is to grant up to, but to not exceed, six (6) weeks of unpaid leave for the purpose of birth/adoption of a child. For those who do not qualify for FMLA, you may substitute paid leave for unpaid leave to the extent you have earned leave (i.e. sick). The employee will assume responsibility for the full cost of health benefits during this leave for any time that is unpaid.