

**ELLSWORTH PUBLIC SCHOOL**

513 S. Broadway St.  
Ellsworth, MN 56129  
507-967-2242

\*An Equal Opportunity Employer

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Phone No. (home): \_\_\_\_\_ Phone No. (cell): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Position Desired: \_\_\_\_\_

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COLLEGE OR VOCATIONAL TRAINING (Business, Trades, & Technical):

**Post High School Institution:** \_\_\_\_\_

Degree or Training: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

**Post High School Institution:** \_\_\_\_\_

Degree or Training: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

**Post High School Institution:** \_\_\_\_\_

Degree or Training: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

I hereby certify that (check the applicable box and provide the information requested:

( ) I have not pleaded guilty to or been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence. (Minor traffic offenses need not be reported)

( ) I have pleaded guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment.)

**EMPLOYMENT RECORD: (Start with most recent employer)**

1. Company Name: \_\_\_\_\_  
Position Worked: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates worked: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job title and description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Postion Worked: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates worked: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job title and description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Position Worked: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates worked: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job title and description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Occupation: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Occupation: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Occupation: \_\_\_\_\_ Address: \_\_\_\_\_

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I give my permission to communicate with past employers, personal references, and schools. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Ellsworth Public School. I understand that if employed, falsified or incomplete statements on this application shall be considered sufficient cause for dismissal.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_