*“To ensure the provision of appropriate, comprehensive and quality services to identified children and their families within the member Districts of BRIC in North Central Minnesota.”*



**BEMIDJI REGIONAL INTERDISTRICT COUNCIL**

**PO BOX 974**

**BEMIDJI, MN 56619**

 **(218) 751-6622**

*All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, status with regard to public assistance, sexual orientation or any other status protected by law.*

**APPLICATION FORM – NON-LICENSED PERSONNEL**

POSITION FOR WHICH YOU ARE APPLYING:

DATE OF APPLICATION:

Each time you apply for a position, you must send a new letter of application. Applications are kept on file for a period of twelve months. You may use your resume to supplement this summary; however, please complete the entire application.

Have you ever been employed with us before? Yes No

If yes, give dates and position: From / / To / / Position:

NAME

 Last First Middle

ADDRESS

 Number Street

 City State (Area Code) Telephone Number

**VETERAN STATUS**: Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran’s Preference? Yes No

**VETERAN’S PREFERENCE:** If you are a veteran or the spouse of a deceased or disabled veteran and wish to claim veteran’s preference, you must present a legible photocopy of your DD214 to the District.

**HAVE YOU EVER BEEN CONVICTED OF A CRIME**? Yes No

NATURE OF OFFENSE DATE

(Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying.)

1. **EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attended** | **Name and Location** | **# of Years Completed** | **Degree** | **Graduated (Y/N)** |
| **High School** |  |  |  |  |
| **College(s)** |  |  |  |  |
| **Trade School** |  |  |  |  |
| **Other** |  |  |  |  |

**2. EMPLOYMENT**

**Please give complete full-time and part-time employment record. Start with present or most recent employer.**

|  |  |  |
| --- | --- | --- |
| EMPLOYER | # OF YEARS EMPLOYED | TYPE OF EXPERIENCE |
| Name |  |  |
| Address | May we contact this employer?**□** Yes □ No |
|  | Hourly Rate/SalaryStartingFinal | Reason for leaving: |
| Supervisor Tel. |
| EMPLOYER | # OF YEARS EMPLOYED | TYPE OF EXPERIENCE |
| Name |  |  |
| Address | May we contact this employer?□ Yes □ No |
|  | Hourly Rate/SalaryStartingFinal | Reason for leaving: |
| Supervisor Tel. |
| EMPLOYER | # OF YEARS EMPLOYED | TYPE OF EXPERIENCE |
| Name |  |  |
| Address | May we contact this employer?□ Yes □ No |
|  | Hourly Rate/SalaryStartingFinal | Reason for leaving: |
| Supervisor Tel. |

|  |
| --- |
| **Other Qualifications***Summarize special job-related skills and qualifications acquired from employment or other experience.*  |
|  |
|  |
|  |

|  |
| --- |
| State any additional information you feel may be helpful to us in considering your application. |
|  |
|  |

**3. PERSONAL REFERENCES**

(Excluding Former Employers or Relatives)

 **NAME AND OCCUPATION ADDRESS PHONE NUMBER**

1.

2.

3.

**FOLLOWING ARE QUESTIONS THAT PERTAIN TO SPECIFIC AREAS OF EMPLOYMENT. PLEASE COMPLETE ONLY THE SECTION THAT APPLIES TO THE AREA IN WHICH YOU ARE APPLYING; THEN CONTINUE WITH SECTION #6**

**4. ADMINISTRATIVE SUPPORT**

**Years of Experience: Remarks:**

 General Office

 Receptionist

 Word Processing

 Spreadsheet Use

 Database Use

**Do you have any experience or knowledge of school district software (i.e. SmartFinance, SmartHR, Synergy)?**

 Yes No. If yes, please describe:

**Do you have any experience in or knowledge of school district reporting mechanisms (i.e. MARSS, UFARS, etc.)?**

 Yes No. If yes, please describe:

**5. PARAPROFESSIONAL**

Paraprofessionals are required to have at minimum one of the following: an Associate’s degree, two years completed at an institute of higher education, or a passing score on the Para Pro exam. If you do not have the education requirements as indicated in section 1, have you taken the Para Pro exam? Yes No. If yes, please attach a copy showing passing grade; if no, would you be willing to take the exam should you be the successful candidate? Yes No

**EXPERIENCE WITH CHILDREN**

|  |  |  |
| --- | --- | --- |
| TYPE OF EXPERIENCE | LOCATION | DATES |
|  |  |  |
|  |  |  |
|  |  |  |

**Do you have experience working with handicapped children or children with special needs?** Yes No

If yes, please explain:

**Do you have computer skills and/or experience?**  Yes No

If yes, please describe:

**Check if you have current: First Aid Certificate CPR**   **CPI**

**6. DATA PRIVACY NOTICE**

The information requested on this application may 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. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the School District being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the School District may be unable to provide the necessary accommodations if you do not provide the requested information. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the School District without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

Do you have any special needs which may necessitate accommodations in the application/interview process? Yes No

If yes, please describe the type of accommodation requested:

**7. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE**

In connection with this application I hereby authorize any and all former employers and references named in this application, or any agent of such former employer, to release to the Bemidji Regional Interdistrict Council and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Bemidji Regional Interdistrict Council will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below. I hereby release the Bemidji Regional Interdistrict Council and all former employers and references listed herein and any and all agents acting on behalf of said District, former employers or references, for any and all liability of whatever nature by reason of requesting or providing such information.

The statements made and information given in this application, are, to the best of my knowledge, true, accurate and complete. I understand they are subject to verification by the Bemidji Regional Interdistrict Council and hereby give permission for such verification. I further understand that if I have made any false or misleading representation in this application, I will not be hired. If any false or misleading representations are discovered after I have been hired, I understand my employment may be terminated.

Name: Signature:

Date: