

## APPLICATION FORM - NON-CERTIFIED PERSONNEL



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.

POSITION FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ WHERE DID YOU SEE POSTING: \_\_\_\_\_

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 held: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ CITY STATE ZIP PHONE NUMBER

### Veterans Preference

*Providing Veterans Preference Information is optional.*

In order to verify your eligibility for Veteran's Preference you must provide form DD214. Please attach it with this application if you wish to claim Veteran's Preference.

**General: To qualify for Veterans Preference, you must meet all of the following:**

- 1) Have separated under honorable conditions from any branch of the armed forces of the United States.
- 2) Have served on active duty for 181 consecutive days or more OR for the full period ordered to active duty OR have separated by reason of disability incurred while serving on active duty.
- 3) Be a United States Citizen OR resident alien.

**If you meet all of the above, check the appropriate box(es) below:**

- I am a non-disabled veteran.
- I wish to claim credit for being a disabled veteran with a currently existing, compensable, service-connected disability as judged by the U.S. Veterans Administration or by the Retirement Board of the Branches of the Armed Forces.
- I am the widow/widower (not remarried of a deceased veteran).
- I am the spouse of a veteran wishing to claim credit for being disabled who is unable to qualify because of the disability.

Do you have military experiences pertinent to the position for which you are applying? If so, please describe:

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Are you a U.S. citizen? \_\_\_ Yes \_\_\_ No If no, do you have a work permit? \_\_\_ Yes \_\_\_ No

Proof of citizenship or immigration status will be required upon employment

List any additional experiences, certifications, talents, or special skills you possess which would be applicable to the position for which you are applying:

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1. EDUCATION					
ATTENDED	NAME AND LOCATION	# OF YEARS COMPLETED	DEGREES	MAJORS	MINORS
HIGH SCHOOL					
COLLEGE(S)					
OTHER					

Transcripts will be required upon employment.

## 2. EMPLOYMENT

PLEASE GIVE ACCURATE COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER.

	# OF YEARS EMPLOYED	TYPE OF EXPERIENCE
NAME:		
ADDRESS:		
SUPERVISOR:		
SUPERVISOR PHONE #:	FULL-TIME: _____ PART-TIME: _____ HOURS: _____	REASON FOR LEAVING:
EMPLOYER 2	# OF YEARS EMPLOYED	TYPE OF EXPERIENCE
NAME:		
ADDRESS:		
SUPERVISOR:		
SUPERVISOR PHONE #:	FULL-TIME: _____ PART-TIME: _____ HOURS: _____	REASON FOR LEAVING:
EMPLOYER 3	# OF YEARS EMPLOYED	TYPE OF EXPERIENCE
NAME:		
ADDRESS:		
SUPERVISOR:		
SUPERVISOR PHONE #:	FULL-TIME: _____ PART-TIME: _____ HOURS: _____	REASON FOR LEAVING:

### 3. PROFESSIONAL REFERENCES

(Excluding friends or relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Position desired (Please check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Paraprofessional – PreK-8 Classroom         | <input type="checkbox"/> Maintenance/Custodian |
| <input type="checkbox"/> Paraprofessional - PreK-8 Special Education | <input type="checkbox"/> Food Service          |
| <input type="checkbox"/> Secretarial/Clerical                        |  |

Do you prefer full time, part time, or substitute employment? \_\_\_\_\_

**THE FOLLOWING ARE QUESTIONS THAT PERTAIN TO SPECIFIC AREAS OF EMPLOYMENT. PLEASE COMPLETE ONLY THE SECTIONS THAT APPLY TO YOUR APPLICATION**

### 4. FOOD SERVICE

**Please indicate experience in the following:**

- Preparation of food \_\_\_\_\_
- Use of commercial equipment \_\_\_\_\_
- Serving food to a large group \_\_\_\_\_
- Cleaning of food preparation area \_\_\_\_\_

Do you have Safe Serve Training?  Yes  No

### 5. SECRETARIAL

**Years of experience:**

\_\_\_\_\_ General Secretarial \_\_\_\_\_ Receptionist \_\_\_\_\_ Bookkeeping \_\_\_\_\_ MS-Office

Indicate office equipment/software programs you have experience with:

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### 6. PARAPROFESSIONAL

TYPE OF EXPERIENCE	LOCATION	DATES

Do you possess typing skills? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a current **First Aid Certificate**: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have current **CPR Certification**: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you completed at least 60 credits of University Course Work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have completed an associate degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If applying for a Teacher's Assistant position, have you taken the Paraprofessional Certification test? If yes, date certified: \_\_\_\_\_

\*Certificate and or proof of education will be required upon employment.

### 7. CUSTODIAL

Please check if you have had experience in any of the following areas in a setting other than your home:

\_\_\_\_\_ Sweep \_\_\_\_\_ Vacuum \_\_\_\_\_ Dust-Polish \_\_\_\_\_ Wet-Wash \_\_\_\_\_ Mop \_\_\_\_\_

Collect/Store/Dispose Refuse \_\_\_\_\_ Ensure Building Safety \_\_\_\_\_ Other, explain:

\_\_\_\_\_

### STATEMENT AND SIGNATURE

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 CEDAR RIVERSIDE COMMUNITY SCHOOL (INDEPENDENT SCHOOL DISTRICT 4004) AND HEREBY GIVEN 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.

\_\_\_\_\_

SIGNATURE OF APPLICANT

\_\_\_\_\_

DATE SUBMITTED

### 8. DATA PRIVACY NOTICE

The information requested on this application may be used for the School District in determining suitability for employment for the position that 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 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 requested by state or federal law.

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

If yes, please describe the type of accommodation requested:

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### 9. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the circumstances:

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Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_

No If yes, please describe the circumstances:

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List all other names under which you have been employed or under which your educational records can be found.

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### 10. CERTIFICATION, ACKNOWLEDGMENT, AND RELEASE

In connection with this application I hereby authorize any and all former employees and references named in this application, or any agent of such a former employer, to release to Independent School District No. 4004 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 Independent School District No. 4004 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 Independent School District No. 4004 and all former employers and references listed herein and any and all agents acting on behalf of said District, former employers and references, for any and all liability of whatever nature by reason of requesting or providing such information.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### A COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:

- COMPLETED AND SIGNED CRCS APPLICATION FORM
- RESUME

Completed Applications may be submitted by email (preferred) or by mail:

Email: [bstrassburg@crcs-school.org](mailto:bstrassburg@crcs-school.org)

Mail: Cedar Riverside Community School  
Attn: Mr. Bert Strassburg  
1610 South Sixth Street  
Minneapolis, MN 55454