

Rochester STEM Academy Employment Application Form

**PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE**

Date _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Home Phone () _____ Work Phone () _____

ALL TEACHING AND ADMINISTRATIVE APPLICANTS MUST COMPLETE THIS SECTION

MN Teacher License # (file folder) _____

Expiration Date _____

My MN license is pending because _____

Have you passed the PPST? No Yes

If no, please explain _____

Other names under which records may be listed _____

Are you an out-of-state graduate or licensed to teach in another state?

No Yes If yes, which state? _____

(For MN State Certification application information and packet, call MN-CFL at 651-582-8691)

EDUCATION, TRAINING AND DEVELOPMENT

How many credits have you earned since the completion of your undergraduate degree?

- | | | | | | |
|-----------------------------------|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> BA or BS | <input type="checkbox"/> B+30 | <input type="checkbox"/> B+60 | <input type="checkbox"/> M+15 | <input type="checkbox"/> M+45 | <input type="checkbox"/> Ed .Specialist |
| <input type="checkbox"/> B+15 | <input type="checkbox"/> B+45 | <input type="checkbox"/> MA or MS | <input type="checkbox"/> M+30 | <input type="checkbox"/> M+60 | <input type="checkbox"/> Doctorate |

CHECK ALL LICENSURES YOU CURRENTLY HOLD

Administrative: Superintendent Director of Special Ed Principal Community Ed Other _____

<input type="checkbox"/> Adaptive Phy Ed.	<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Indust. Tech.		
<input type="checkbox"/> Art	<input type="checkbox"/> Earth Science	<input type="checkbox"/> Journalism		
<input type="checkbox"/> Behav. Analyst	<input type="checkbox"/> EBD	<input type="checkbox"/> Kindergarten		
<input type="checkbox"/> Business Ed.	<input type="checkbox"/> Elem 1-6	<input type="checkbox"/> Life Sciences		
<input type="checkbox"/> Chem. Depend	<input type="checkbox"/> Elem K-6	<input type="checkbox"/> Math		
<input type="checkbox"/> Chemistry	<input type="checkbox"/> English	<input type="checkbox"/> Media/Gen Lib		
<input type="checkbox"/> Comm. Disorder	<input type="checkbox"/> ESL	<input type="checkbox"/> Other (Please list)		
<input type="checkbox"/> Computer Ed	<input type="checkbox"/> Fam. & Cons. Sci.			
<input type="checkbox"/> Counselor	<input type="checkbox"/> Foreign Language			
<input type="checkbox"/> Deaf/Hd of Hear.	Specify _____			
<input type="checkbox"/> Driver's Ed.	<input type="checkbox"/> Health			

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this School.			

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		From	Start
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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Rochester STEM Academy (hereinafter called "the School"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other School practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of High School for Recording Arts or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the School. Both the undersigned and High School for Recording Arts may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the School may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the School permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the School from any liability as a result of such contact.

I also understand that (1) the School has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the School may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the School will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the School shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the School is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This School is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this School depends solely on your qualifications.

Thank you for completing this application form and for your interest in our school.