

## Application for Employment Certified Staff

# Benton Stearns Education District

Please return this application and any supporting documents to:

Benton Stearns Education District

517 2<sup>nd</sup> Street S

P.O. 299

Sartell, MN 56377

Phone: 320-252-8247 Fax: 320-252-1316

Email: edohrmann@bentonstearns.k12.mn.us

For Office Use Only

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

- We appreciate your interest in becoming part of the staff of Benton Stearns Education District or our member districts. As a benefit to you and interested school administrators, this application and supporting documents will also be made available in the original or copy format to our school districts. If you wish this application to be used only by BSED, please indicate on the line \_\_\_\_\_.
- BSED is an Equal Opportunity Employer.
- If you are a Veteran and wish to claim Veteran Preference Points, indicate here \_\_\_\_\_.
- **Please print in black ink or type all requested information even if included in supporting documents. Your resume' and other documents may be added.**

Position(s) for which you are applying: \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ Until: \_\_\_\_\_  
Street City/State Zip Code

Permanent Address: \_\_\_\_\_  
(If Different) Street City/State Zip Code

Phone Number: Home: \_\_\_\_\_ Permanent: \_\_\_\_\_ Work: \_\_\_\_\_  
(Optional)

E-mail Address: \_\_\_\_\_

## Licensure

Minnesota File Folder No.: \_\_\_\_\_

Areas/Subjects	Grade Levels	Expiration Date	State(s)

# Employment History

List your last four (4) employees, major assignments, military service and/or volunteer activities starting with the most recent. Explain any gaps in employment in the comments section below.

Employer:		Dates of Employment:	Duties:
Address:		From:	
Job Title:		To:	
Immediate Supervisor and Title:	Phone Number:	Hours/Day	
Reason(s) for Leaving:		Days/Year	May we contact for reference?
Employer:		Dates of Employment:	Duties:
Address:		From:	
Job Title:		To:	
Immediate Supervisor and Title:	Phone Number:	Hours/Day	
Reason(s) for Leaving:		Days/Year	May we contact for reference?
Employer:		Dates of Employment:	Duties:
Address:		From:	
Job Title:		To:	
Immediate Supervisor and Title:	Phone Number:	Hours/Day	
Reason(s) for Leaving:		Days/Year	May we contact for reference?
Employer:		Dates of Employment:	Duties:
Address:		From:	
Job Title:		To:	
Immediate Supervisor and Title:	Phone Number:	Hours/Day	
Reason(s) for Leaving:		Days/Year	May we contact for reference?
Employer:		Dates of Employment:	Duties:
Address:		From:	
Job Title:		To:	
Immediate Supervisor and Title:	Phone Number:	Hours/Day	
Reason(s) for Leaving:		Days/Year	May we contact for reference?

**Comments:**

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## Educational Background

Institution and Location	No. of Years Completed	Diploma/Degree	Major	Minor

## Practicum Experience

Name of Site and Location	Grade(s)/Subject(s)	Dates (To/From)	Supervisor	Telephone

## References

List three businesses/work references who are not related to you. In addition, you may list personal or peer references.

Name	Title	Telephone	Years Known

## Special Skills, Honors & Interests

Please feel free to share any comments about your skills, honors, interests, or experiences that might add to your qualifications for employment within a school or office setting. (Please exclude any information which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

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Please list your computer/software experience:

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