

# EMPLOYMENT APPLICATION

Red Lake Falls Public Schools  
PO Box 399  
Red Lake Falls, MN 56750  
(218)253-2139

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last/First/Middle)

Present Address: \_\_\_\_\_  
(No. Street/City/State/Zip)

Telephone Day: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Night: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_

## EMPLOYMENT

Position for which you are applying \_\_\_\_\_

Desired Salary \_\_\_\_\_

Applying for: \_\_full-time \_\_part-time \_\_full-or part-time

Days you are available to work: \_\_Monday \_\_Tuesday  
\_\_Wednesday \_\_Thursday \_\_Friday \_\_Saturday \_\_Sunday

Can you work nights? \_\_Yes \_\_No

When can you begin work \_\_\_\_\_

Do you possess a valid MN driver's license? Yes \_\_ No \_\_

## EDUCATION

Type	Name/Location	Course of Study	# Years	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical	_____	_____	_____	_____

Other related training: \_\_\_\_\_

**EMPLOYMENT RECORD**

Please list your **current (most recent)** job held first:

Name of Employer \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Your job title \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Supervisor's telephone number \_\_\_\_\_

May we contact your current employer?  Yes  No

Duties at this position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

^^

Name of Employer \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Your job title \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Supervisor's telephone number \_\_\_\_\_

May we contact your current employer?  Yes  No

Duties at this position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES**

Please list two references other than relatives or previous employers.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to you \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Red Lake Falls School District #630 does not discriminate  
on the basis of race, color, national origin, sex or  
disability and is an equal employment opportunity employer.**

## HEPATITIS B VACCINE DECLINATION

Offered by Red Lake Falls Public School

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

---

Signature

---

Date