

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 _____

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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