

Lafayette Charter School  
Independent School District No. 4050  
351 6<sup>th</sup> Street, Lafayette, MN 56054  
Phone (507) 228-8943  
Fax (507) 228-8288

## Lafayette Charter School Application Form

It is the policy of Lafayette Charter School to provide equal opportunity to all employees and applicants for employment. The Lafayette Charter School will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance. Our employment decisions are made on the basis of individual ability and merit.

### Applicant Name

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

### Guidelines for Understanding the Employment Process and Completing the Application Form:

To ensure that your application will be accurately processed, please review the following:

1. Please print or type when completing this form.
2. Either (a) Complete a separate application form for each position opening you apply for, following instructions completely and signing your application where required, or (b) Contact the Main Office in writing and request that a previously completed application be used to apply for the current position opening.
3. Be specific and complete when filling out the Employment History section; application forms that are incomplete will be removed from further consideration. If additional space is needed to complete history, extra sheets are available.
4. Applications received after the closing date will not be accepted.
5. At a minimum, all openings will be advertised in the local newspaper.
6. All applications will be reviewed and evaluated to determine how well each applicant is suited for the position.
7. Interviews will be conducted with the building Lead Teacher. Others may be involved as needed. After discussion, a candidate will be selected to be recommended to the Board of Education.
8. The Board of Education will make the final hiring decision.
9. The successful applicant will be notified and a starting date arranged. Applicants will be notified by mail that the position has been filled.

If you have any questions concerning completion of your employment application or the employment procedures for Lafayette Charter School, please contact Natasha Petersen at 507-228-8943.

## Personal Information

Position Applying For \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Are you under 18 years of age? \_\_\_\_\_

Do you have any needs which may necessitate accommodations in the application or interview process? \_\_\_\_\_

If yes, please describe the type of accommodation requested:

\_\_\_\_\_  
\_\_\_\_\_

## Criminal Background Information

Lafayette Charter School may request information regarding criminal history in the event that you become a finalist for the position for which you are applying. If the position requires that a criminal background check be conducted, no offer of employment shall become final until receipt of the results of the background check from the BCA or other agency, the content of which is acceptable to the school, and formal approvals by the school board. The background check is paid for by the employment candidate.

## Employment History

Please give accurate, complete employment information. List your present or most recent experience first. Additional employment history sheets are available if you need extra space to list your job experience.

## Present or Most Recent Employer

From: \_\_\_\_\_ (month/year) To: \_\_\_\_\_ (month/year)

Hours per week: \_\_\_\_\_

Number of years and months employed in this position: \_\_\_\_\_ Years \_\_\_\_\_ Months

What was your hourly salary (if this applies)? \_\_\_\_\_ Starting \_\_\_\_\_ Final

What was your annual salary? \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Number/types of position you supervised:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Primary Responsibilities (be complete):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Previous Employer

From: \_\_\_\_\_ (month/year) To: \_\_\_\_\_ (month/year)

Hours per week: \_\_\_\_\_

Number of years and months employed in this position: \_\_\_\_\_ Years \_\_\_\_\_ Months

What was your hourly salary (if this applies)? \_\_\_\_\_ Starting \_\_\_\_\_ Final

What was your annual salary? \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Number/types of position you supervised:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Primary Responsibilities (be complete):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

Educational Institution	Name & Address of Institution	Course of Study	Did you graduate?	Diploma or Degree Awarded
High School				
College				
College				
Other (specify)				

## Drivers Licenses

Please Indicate if you currently have any of the following driver's licenses.

Minnesota Class A \_\_\_\_\_

Minnesota Class B \_\_\_\_\_

Minnesota Class D \_\_\_\_\_ or equivalent

**Please include a photocopy of your license. A copy with your application form is required.**

## Other Licenses

Please list any other licenses or certifications that are required or pertinent to the position for which you are applying. If you have completed all requirements for your license or certificate but are waiting for processing by a government agency, please indicate this below. If you have a teaching license with the Minnesota Department of Education, please include a photocopy of it with this application form.

License or Certificate	Licensing Agency	Expiration Date	License #

# Professional References

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or department heads under whom you have worked. Do not refer to an acquaintance or relative. Lafayette Charter School reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name _____	Address _____
Home Phone _____	Cell Phone _____
Work Phone _____	Occupation _____

Name _____	Address _____
Home Phone _____	Cell Phone _____
Work Phone _____	Occupation _____

Name _____	Address _____
Home Phone _____	Cell Phone _____
Work Phone _____	Occupation _____

## Employee Certification

Before signing this application, read the following waiver carefully.

I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.

I authorize all current and previous employers to release job-related information upon written request of Lafayette Charter School.

I authorize Lafayette Charter School to verify all information on this application to determine whether or not I am qualified for the position which I am applying.

I certify that the information contained in this application is true and complete. I understand that providing false information on this application may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

I understand that no offer of employment will become final until formal approval by the appointing authority.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Please return this completed application form to:**

Lafayette Charter School  
351 6<sup>th</sup> Street PO Box 125  
Lafayette, MN 56054

(507) 228-8943 Phone

(507) 228-8288 Fax

(Office Use Only) Date Received: \_\_\_\_\_

## Tennesen Warning

In accordance with the Minnesota Government Data Practices Act, Lafayette Charter School is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with Lafayette Charter School. All data collected is considered private except for the following:

1. Your Veteran's Status
2. Relevant test scores
3. Your rank on our eligibility
4. Your job history
5. Your education & training
6. Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of Lafayette Charter School. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability date is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available to you, appropriate District employees, and others as provided by state and federal law who have a need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability date, the information you give us about yourself is needed to identify you and to assist Lafayette Charter School in determining your suitability for the position for which you are applying.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

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Applicant's Printed Name

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Applicant's Signature

Date



**Complete this Page If the Portion for Which You Are Applying  
Requires a Minnesota Department of Education License**

Do you hold a current Minnesota license? \_\_\_\_\_

Are you currently renewing or applying for a Minnesota license?

\_\_\_\_\_

Have you ever had a teaching or administrative license revoked?

\_\_\_\_\_

Have you ever been disciplined by the Board of Teaching based on the determination that sexual misconduct or attempted sexual misconduct occurred between yourself and a student?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

I understand that if I am employed, any false statement, misrepresentation, or omission of facts concerning these statements, regardless of when discovered to be false, misrepresented or omitted, shall be considered sufficient cause for dismissal.

**Extra-Curricular Fields**

List the extra-curricular fields that you're interested in and/or qualified to supervise

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Related Experience Which You Feel is Relevant to your Application**

(List any experience: business, trade, professional organizations, volunteering, military service)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_