



TEAM Academy Employment Application

TEAM Academy, 220 17th Ave. NE, Waseca, MN 56093, 507-833-8326, www.team.k12.mn.us



Applicant Information

Name (first, middle, last):	
Address	
City	
State	
Zip	
Cell Phone	
Email Address	

What position are you applying for? (Check all that apply)

<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Teacher (must have valid license)
<input type="checkbox"/>	Paraprofessional substitute
<input type="checkbox"/>	Teacher substitute (must have valid license)
<input type="checkbox"/>	Other (please specify)

Veteran's Preference

	YES	NO
Have you ever been a member of the Navy, Army, Marines, Coast Guard, or Air Force? (check one)		

Educational Background

	Name	Date Graduated	Degree
High School			
College or Tech School			
Graduate Work			

Employment History

Please list your employment history starting with your most current.

Name of employer	
Dates of employment	
Job title	
Typical duties, skills learned, etc.	
Reason for leaving	

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Professional References

Please list two professional references.

Name	
Employer	
Address	
City	
State	
Zip	
Cell Phone	
Email Address	

Name	
Employer	
Address	
City	
State	
Zip	
Cell Phone	
Email Address	

Background Check

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to TEAM Academy #4127, 220 17th Ave. NE, Waseca, MN, pursuant to Minnesota Statute 123B.03 for the purpose of employment with this school district.

Conditional Hiring: I understand that TEAM Academy may permit me to commence my employment duties pending completion of the criminal background check and acknowledge and agree that I may be terminated based on the result of the background check. The expiration of this authorization shall be for a period of no longer than one year from the date of completing this application.

	YES	NO
I give TEAM Academy permission to run a background check.		

Date of birth (mm/dd/yyyy): _____
 Social Security Number: _____