

Excell Academy for Higher Learning Charter School
6510 Zane Ave North Suite 107
Brooklyn Park, MN 55429

Licensed Personnel
APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

DATE RECEIVED _____

GENERAL INFORMATION:

Dear Applicant:

1. In order for us to consider your application for employment, you must complete the application in its entirety.
2. Print or type all information legibly- use handwriting in the autobiography section.
3. You must sign the application.
4. Copies of transcripts should be submitted with the initial application. However, official transcripts are REQUIRED prior to signing a contract for employment.

Date of Application _____ Date Available For Employment _____

Position Desired _____ Salary Desired _____

Name: _____
Last Name First M.I.

Present Address: _____

Permanent Address: _____

Current Phone: _____ Permanent Phone: _____

Social Security Number: _____ Referred By _____

Are you legally eligible for employment in the U.S.A? Yes No

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

Have you ever applied for employment at this school before? Yes No When? _____

EDUCATION EXPERIENCE:

Report in chronological order, beginning with most recent position, all professional teaching experiences. Report work as a substitute teacher under "Other Work Experience". Use a separate sheet if necessary.

School Name	System Name	Complete Address (Include Zip Code)	Dates of Employment	Teaching Assignment	Supervisor

MILITARY EXPERIENCE:

Branch of Service _____ Dates (From/To) _____ Highest Rank _____ Type of Discharge _____

OTHER WORK EXPERIENCE:

EMPLOYER	JOB TITLE	ADDRESS	DATES	SUPERVISOR

FORMAL EDUCATION:

Name of School	City, State	Dates	Credits or Degree	Major	Minor (if applicable)

**Official Transcripts required prior to signing contract.*

Student Teaching:

Will you complete or have completed student teaching? Yes No

If yes, when?

Name and Address of School	Date (From/To)	Subject or Grade Level	Name of Supervising Teacher

If student teaching has occurred within the last 3 years, provide the following information:

*Mailing address or phone number of supervising teacher

*Mailing address or phone number of college supervisor

*National Teacher Exam (subject to official verification):

State date _____ State score _____

Certification

Do you presently hold a Minnesota teaching license? Yes No If yes:

File Folder Number	Field	Expiration Date	License Type	Special Provisions

If no, have you applied for a Minnesota license? Yes No If yes:

Date applied: _____ File Folder Number _____ Field _____

Have you previously held a _____ Limited and/or _____ Minnesota Waiver/Variance?
If yes, provide the date of expiration, field and system name where employed when licensure was held:

Do you presently hold or have you ever held a teaching certificate from another state? Yes No

If yes:

Type of License	Field	State	Expiration Date	File Folder Number

Have you taken the Praxis I & II? Yes No If yes, indicate the teaching area and scores.

Passed: Yes No If you have taken Praxis, enclose a copy of the score report.

Have you ever had a Professional Development Plan (PDP) developed for you? Yes No

If yes, provide the name of the state and school system: (enclose a copy)

PERSONAL AND PROFESSIONAL DATA:

State reason for leaving your last teaching or administrative position: _____

Have you taught sufficient years in any other Minnesota school so as to acquire "tenure"?

Yes No If yes, list the name(s) of the school and dates of employment:

Are you presently under contract with another school? Yes No

If yes, name the school, location and date contract expires: _____

List any special honors or distinctions you received in college or in your profession:

List any special interests or hobbies: _____

Have You Ever: (Each question must be answered)

Yes No

- Failed to have a contract renewed with a school system?
- Broken a contract with a school system?
- Been dismissed from employment with a school system or asked to resign?
- Had a teaching credential denied, revoked or suspended in any state?
- Plead guilty to or been convicted of any offense relating to the manufacture, sale, distribution, or possession of any illegal drugs?
- Received an unsatisfactory performance evaluation from an employer?
- Received a dishonorable discharge from the armed services?
- Been placed on disciplinary probation or suspended from a college or university?
- Resigned in lieu of having a contract non-renewed?

If you answered yes to any of these questions, please provide a written explanation on separate sheet of paper and attach it to this application. Please be specific about any offenses for which you were charged, the disposition of the offense, the date, court, county, and state of the charge.

AUTOBIOGRAPHY:

In your own handwriting, please write a brief autobiography, including the reason(s) you chose education as a career. (You may submit one additional sheet, if necessary.)
