



Cloquet Public Schools
302 14th Street
Cloquet, MN 55720
218-879-6721
218-879-6724 (Fax)
www.isd94.org

Dear Non-Licensed Substitute Applicant:

To be considered as a **NON-LICENSED SUBSTITUTE** with Cloquet Public Schools, please complete the following forms and turn them into Central Office for approval. Once approved, you will be given another application packet of materials that will need to be completed and turned into our office to be placed on our District Non-Certified Substitute List. These forms can also be found on our website at www.isd94.org.

1. **Non-Licensed Personnel Application for Employment**
2. **Reference Letters** – you must provide two (2) signed letters of reference
3. **Copy of Driver's License.**
4. **Criminal Background Check** – fill out form and return with your application along with a check for \$15.00 payable to "MN Bureau of Criminal Apprehension" or "MBCA"

Please return the completed forms to:

Cloquet Public Schools
Central Administration Office, Attention: Jessica Loons
302 14th Street
Cloquet, MN 55720

If you have any questions, please feel free to call our office at 879-6721 ext. 6205 (Jessica Loons) or ext. 6204 (Mary Marciniak).

Thank you.

Internal Use Only:

Receptionist: _____ Completed: _____

Executive Assistant: _____

Approved Not Approved

By: _____
Superintendent of Cloquet Public Schools



302 – 14th Street
Cloquet, MN 55720
(218) 879-6721

NON-CERTIFIED SUBSTITUTE AREAS OF INTEREST

NAME: _____
Last First Middle Initial (Maiden, Alias or Former Name)

ADDRESS: _____
Street Apt

City State Zip

PHONE: (____) _____ (home)
(____) _____ (cell)

E-MAIL: _____

Please check all areas in which you would be willing to substitute:

- _____ CAFETERIA / FOOD SERVICE
- _____ COMMUNITY EDUCATION _____
(Please specify)
- _____ CUSTODIAL
- _____ LI'L LUMBERJACKS LEARNING CENTER
- _____ LI'L THUNDER LEARNING CENTER
- _____ KIDS' CORNER
- _____ PARAPROFESSIONAL
- _____ SECRETARIAL / OFFICE
- _____ OTHER _____

For office use only:

Date entered on sub list ____/____/____ by _____

Date removed from sub list ____/____/____ by _____

Date approval letter sent to sub ____/____/____

Reason _____

Work Experience: Be complete. Experience and training ratings are determined by the information you provide. **DO NOT MARK APPLICATION "SEE RESUME."** Account for ALL your time. Applications will be rejected if incomplete. Complete the dates of employment section for all positions occupied.

Present or last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle One) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or Part-Time Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

Second last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle One) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or Part-Time Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

Third last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle One) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or Part-Time Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

Fourth last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle One) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or Part-Time Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

Fifth last employer		Address		City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle One) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or Part-Time Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						

For additional relevant work or volunteer experience, please complete applicable parts of the following sections.

Employer			Address	City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle One) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or ___ Part-Time ___ Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						
Employer			Address	City	State	Zip
Job Title		Supervisor		Phone #		May we contact? (Circle One) Yes No
FROM Mo. Yr.	TO Mo. Yr.	TOTAL TIME Yrs. Mos.	___ FULL TIME or ___ Part-Time ___ Hrs/Wk		STARTING SAL.	LAST SALARY
Reason for leaving						
Specific Duties						
Attach additional pages of employment/volunteer information if necessary.						

REFERENCES (THREE REFERENCES REQUIRED)

Full Name	Address City, State Zip	Relationship	Occupation (if applicable)	Telephone No.	Years Acquainted

Check if applicable: ___ Disabled individual

Please indicate in this box any accommodations you may need to participate in the testing, interview, or selection process.

VETERAN'S PREFERENCE: If you are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, you must provide the required documents (DD214 or disability certificate) and signature.

Please check the appropriate items if you are claiming Veteran's Preference:

I hereby indicate that I am a: ___ Veteran ___ Disabled Veteran

Signature: _____

PLEASE READ AND SIGN

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment and may constitute grounds for my immediate dismissal should I be employed by the Cloquet School District (ISD 94). I hereby authorize investigation of all statements contained in this application and other application or employment credentials submitted. I also authorize any and all current and former employers, organizations where I have volunteered, references named in this application, or any agent of such a current or former employer or volunteer organization, to release to ISD 94 and its agents any and all public or private information regarding my job performance, fitness, or qualifications to perform the position I am presently seeking and any other employment or related information. I understand the ISD 94 will use this information to determine my fitness and qualifications for the position I am seeking. I hereby release ISD 94 and all current and former employers, volunteer organizations, and references listed herein and any and all agents acting on behalf of ISD 94, former employers, volunteer organizations, or references from any and all liability of whatever nature by reason of requesting or providing such information.

I understand that Minnesota Statutes may require that I authorize and pay for a criminal background check should I be offered this position.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the ISD 94 School Board. Until such approval, ISD 94 shall not be liable for reliance on any oral or written offers of employment made to me. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

It is unlawful to knowingly hire any alien not authorized to work in the United States. Verification of all new hires will be by examining: 1) United States passport or 2) United States birth certificate or social security card and a driver's license, state issued I.D. card or alien identification document.

This authorization expires one year from the date of my signature below.

Date _____ **Applicant's Signature** _____

Military Record Requests Using Standard Form 180 (SF-180)

Veterans or next-of-kin of deceased veterans can use the online order form at vetrecs.archives.gov (or use the SF-180).

1. How to Obtain Standard Form 180 (SF-180) to Request Military Records

There are several ways to obtain an SF-180. You can:

1. Download and print a copy of the SF-180 in PDF format.

- You need access to a printer and the Adobe Acrobat Reader software (see link below). The form is a total of 3 pages.
- The SF-180 is formatted for letter size paper (8.5" x 11"). If your printer can not accommodate this, select "*shrink to fit*" when the Adobe Acrobat Reader "*Print*" dialog box appears.
- This is also a fillable version of the SF-180. It will allow you to type the needed information into the form using your keyboard. You will still need to print, sign and mail the form. Otherwise, it works the same as stated above.

2. Where to Return the Form:

- Review the tables on page 2 of SF 180 to identify the correct location of the record you need (based on branch of service, dates of separation, and type of record)
- Send the completed form to the address identified on the table

3. Contact Us to order the form through the mail

National Personnel Records Center
9700 Page Avenue
St. Louis, Missouri 63132

Other Ways to Obtain the SF-180:

- From Federal Information Centers
- From [local Veterans Administration offices](#)
- From veterans service organizations

The SF 180 may be photocopied as needed. Please submit a separate SF 180 for each individual whose records are being requested.

2. Write a Letter to Request Records

If you are not able to obtain SF-180, you may still submit a request for military records. Requests must contain enough information to identify the record among the more than 70 million on file at NPRC (MPR). Certain basic information is needed to locate military service records. This information includes:

- The veteran's complete name used while in service
- [Service number or social security number](#)
- Branch of service
- Dates of service
- Date and place of birth may also be helpful, especially if the service number is not known
- If the request pertains to a record that may have been involved in the [1973 fire](#), also include:
 - Place of discharge
 - Last unit of assignment
 - Place of entry into the service, if known.

Please submit a separate request (either SF 180 or letter) for each individual whose records are being requested.

Today we must continue to receive requests, dated and with a handwritten signature, either by mail or by fax only. This is because [Federal law \[5 USC 552a\(b\)\]](#) requires that all requests for records and information be submitted in writing. Each request must be **signed** and **dated**.

You may submit more than one request per envelope or fax, but please submit a separate request (either SF 180 or letter) for each individual whose records are being requested.

- **Send by Mail to:**

- National Personnel Records Center
Military Personnel Records
9700 Page Avenue
St. Louis, MO 63132-5100

- **Send by Fax**

- Our fax number for requesting military records is 314-801-9195.
The Center will respond in writing by U.S. Mail.

**CLOQUET PUBLIC SCHOOL DISTRICT
PERSONAL REFERENCE CHECK FORM**

PERSONAL REFERENCE

Employment/work references should complete the back side of this page.

PERSONAL REFERENCE INFORMATION

Name: _____ Phone(s): _____
Address: _____ City: _____ State: _____
Signature: _____ Date: _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

What are your primary relationship(s) with this candidate?

Please rank the candidate in the following areas:

<u>AREA</u>	<u>CIRCLE ONE</u>			
1. Dependability/Reliability/Honesty	High	Acceptable	Low	Not Rated
2. Interpersonal Relationships	High	Acceptable	Low	Not Rated
3. Appropriate Appearance for Work (Neatness, grooming, etc.)	High	Acceptable	Low	Not Rated
4. Work Ethic	High	Acceptable	Low	Not Rated

Describe qualities that would make this applicant a good Cloquet School District employee:

**CLOQUET PUBLIC SCHOOL DISTRICT
EMPLOYMENT/WORK REFERENCE CHECK FORM**

You have been asked to be a reference for a potential Cloquet School District employee. Thank you for completing this form and helping our school district assure that we continue to employ quality individuals to carry on our mission to serve our students and community.

Applicant's Name: _____ Date of Reference Request: _____

Position(s) for which applicant is applying: _____

EMPLOYMENT/WORK REFERENCE

(Personal references (non-work related) should complete the back side of this page).

EMPLOYMENT/WORK REFERENCE INFORMATION OF PERSON COMPLETING THIS FORM

Name: _____ Phone(s): _____
Address: _____ City: _____ State: _____
Signature: _____ Date: _____

In what capacity have you known this applicant? Check all that apply.

Work Supervisor Co-Worker Friend Other (Explain)

How long have you known this candidate? _____

Candidate's work assignment/areas of responsibility:

Please rank the candidate in the following areas:

<u>AREA</u>		<u>CIRCLE ONE</u>		
1. Dependability/Reliability/Honesty	High	Acceptable	Low	Not Rated
2. Attendance	High	Acceptable	Low	Not Rated
3. Quality of Work	High	Acceptable	Low	Not Rated
4. Relationship with Co-Workers	High	Acceptable	Low	Not Rated
5. Relationship with Clients/Customers	High	Acceptable	Low	Not Rated
6. Appropriate Appearance for Work	High	Acceptable	Low	Not Rated

Would you recommend this candidate for hire in the position(s) stated above? Circle one: Yes No

Reason for leaving this position, if known: _____

Additional Comments (if any): _____



Independent School District No. 94
Cloquet Public Schools
302 14th Street
Cloquet, MN 55720
(218) 879-6721

**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER REGISTRATION and
CRIMINAL HISTORY DATA**

Date: ___/___/___

The following named individual has made application with this school district for employment: **(please print)**

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

Maiden, Alias or Former (please print): _____

Date of Birth: ___/___/___
Month/Day/Year

Gender (circle one): Male or Female

Social Security Number ___-___-___

Driver's License Number: _____ Issuing State: _____

Current Address: _____

Department Working In: _____ Building: _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to Cloquet Public Schools, ISD #94, any information contained about me in the **Minnesota Computerized Criminal History**, pursuant to Minnesota State Statute 123B.03, for the purpose of employment as _____ (position) with the school district.

I hereby release the Minnesota Bureau of Criminal Apprehension and the Cloquet School District, ISD #94, from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature of Applicant

Date

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to Cloquet Public Schools, ISD #94, any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the Cloquet School District, ISD #94, from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature of Applicant

Date

The applicant must forward this executed form to the Central Administration Office, along with a check or money order in the amount of \$15.00, payable to: the **Minnesota Bureau of Criminal Apprehension (MBCA)**. Thank you!

Return form to:
Cloquet Public Schools
Central Administration Office
Attn: Executive Assistant to the Superintendent
302 14th Street
Cloquet, MN 55720