

College Prep Elementary  
Office of Human Resources  
1355 Pierce Butler Route  
St. Paul, MN 55104

ACADEMIC APPLICATION FOR LICENSED EMPLOYMENT

Date of application \_\_\_\_\_

**Personal Information**

Full name \_\_\_\_\_

Last

First

M.I.

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Home

Cell

Other

Email \_\_\_\_\_

Source of application  CPE Website  Career Fair  Other  Referral

if referral, by whom? \_\_\_\_\_

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

Have you every applied for employment with us?  Yes  No if Yes, when? \_\_\_\_\_

Are you currently employed?  Yes  No if yes, may we contact current employer?  Yes  No

**Desired Employment**

Position desired \_\_\_\_\_ Date available \_\_\_\_\_

Desired salary \_\_\_\_\_ Employment type  Full-time  Part-time  Other

**Educational and Professional Training** (Do not indicate "Refer to Resume" or "See Attached")

*Official transcripts is required prior to signing contract*

**High School**

Name of Institution \_\_\_\_\_

Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Graduated?  Yes  No Degree \_\_\_\_\_

**College or University**

Name of Institution \_\_\_\_\_

Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Graduated?  Yes  No Grad date \_\_\_\_\_

Field of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

**College or University**

Name of Institution \_\_\_\_\_

Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Graduated?  Yes  No Grad Date \_\_\_\_\_

Field of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

*Special training/skills/awards/honors/interest/hobbies*

**Certification (Do not indicate "Refer to Resume" or "See Attached")**

Do you currently hold an active Minnesota teaching license?  Yes  No

If yes:

File Folder No.	Field	Expiration Date	License Type	Special Provision

If no:

Have you applied for Minnesota license?  Yes  No Date applied: \_\_\_\_\_

Have you previously held any of the following:  Limited license  Waiver/Variance license

If yes, provide the date of expiration, field and system name where employed when licensure was held

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

If yes:

File Folder No.	Field	Expiration Date	License Type	State

Have you taken the Praxis I & II?  Yes  No

If yes, indicate 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)

---

**Previous Education Employment** (please list chronologically)

***Current/Recent Employer***

School name \_\_\_\_\_

System name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Dates of employment From \_\_\_\_\_ To \_\_\_\_\_

Teaching Assignment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

***Previous Employer***

School name \_\_\_\_\_

System name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Dates of employment From \_\_\_\_\_ To \_\_\_\_\_

Teaching Assignment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

***Previous Employer***

School name \_\_\_\_\_

System name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Dates of employment From \_\_\_\_\_ To \_\_\_\_\_

Teaching Assignment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Military Experience**

Branch of service \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
 Highest rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**Other Work Experience**

Dates Employed	Employer	Job Title	Address	Supervisor

**Student Teaching**

Dates (From/To)	Name of School	Address	Subjet / Grade Level	Name of Supervising Teacher

If student teching 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)

Starte date \_\_\_\_\_ State score \_\_\_\_\_

**Personal and Professional Data (All questions must be answered)**

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 currently under contract with another school?  Yes  No

if yes, list the name(s) of the school and dates of employment

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Been dismissed from employment or asked to resign?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Received an unsatisfactory performance evaluation from an employer?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Received a dishonorable discharge from the armed services?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been placed on disciplinary probation or suspended from a college or University?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Resigned in lieu of having a contract non-renewed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Been convicted of any violation of the law (felony and/or misdemeanor) other than minor traffic violations? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to any of the above questions, please provide a written explanation on the space below. Please continue on a separate sheet of paper if needed and attach 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.

## Professional References

### Reference 1

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

### Reference 2

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

### Reference 3

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge. The furnishing of false or misleading information or the intention withholding of material facts, including facts concerning one's criminal record will constitute grounds for immediate termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release The College Prep Elementary from all liability for any damage that may result from utilization of such information. I will also be responsible for paying the background fee if a background check is requested by The College Prep Elementary.

I understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

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

Hmong College Prep Academy is an equal opportunity employer and does not discriminate in employment on the basis of religion, race, color, sex, national origin, age or disability.