



Northern Lights Special Education Cooperative

302 14th St. ~ Cloquet, MN 55720
218-879-1283 ~ 218-879-1285 FAX
www.nlsec.org

APPLICATION FOR EMPLOYMENT

The Northern Lights Special Education Cooperative is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, sexual orientation, religion or natural origin, marital status, or status with regard to public assistance of whatever nature or disability.

PERSONAL DATA: DATE: _____ SOCIAL SECURITY NO. _____

Name _____
(Last) (First) (Middle or Maiden)

Present Address _____
(Street) (City) (State) (Zip)

Present Telephone Number _____

Military Service Dates _____ Date of Discharge _____

Military Occupational Specialty (MOS) _____

Areas of Teacher Certification and for what State: _____

Areas of Teacher Certification you have applied for but have not yet received: _____

What extracurricular activities have you supervised or be interested in supervising: _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____

Do you have any objection for us contacting your current employer about your employment candidacy?

Check one: ___ YES ___ NO ___

EDUCATION:

Education	Name & Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		7 8 9 10 11 12		
College/University				
College/University				
College/University				

Special Skills or Abilities: _____

Applicant's Comments: _____

<p>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.</p>										
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						

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)

DO NOT USE RELATIVES FOR REFERENCES

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

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: _____

Check if applicable: _____Disabled individual

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

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 Northern Lights Special Education Cooperative. 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 NLSEC 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 NLSEC will use this information to determine my fitness and qualifications for the position I am seeking. I hereby release NLSEC and all current and former employers, volunteer organizations, and references listed herein and any and all agents acting on behalf of NLSEC, 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 NLSEC. Until such approval, NLSEC 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.