

**SEED ACADEMY/ HARVEST PREPARATORY SCHOOL**  
**1300 OLSON MEMORIAL HIGHWAY**  
**MINNEAPOLIS, MN 55411**

**(612) 381-9743**

**Fax: (612) 381-0748**

**An Equal Opportunity Charter School - Web Page: [www.seed-harvest.org](http://www.seed-harvest.org)**

## Employment Application

**NAME**

\_\_\_\_\_  
*(Please Print) Last Name First Name Middle Name*

Present Address \_\_\_\_\_  
*Number and Street City and State Zip Code*

Home Phone ( ) / / Work Phone ( ) / / Social Security / /

Cell Phone, Pager, or Other Phone Number: \_\_\_\_\_

Position for which Application is Made: (Please check all that apply)

Full-Time Position \_\_\_\_\_ Part-Time Position \_\_\_\_\_

a) **Teaching Positions**

Elementary Teacher		School Psychologist		Guidance Counselor	
Special Education Teacher		Social Worker		Reserve (sub) Teacher	
Speech/Language Teacher					

Subjects and/or grades interested in teaching (Limited to those appearing on your current license):  
 \_\_\_\_\_

b) **Administrative Positions:**

Executive Director		Office Manager	Operations Director
Principal		Student Information Manager	Literacy Coordinator
Assistant Principal		Administrative Assistant	
Dean of Students		Director of Maintenance	
Human Resources Specialist		Business Manager	

c) **Supportive Staff Positions:**

Educational Assistant		Medical Assistant	
Secretarial/Clerical			
Nurse			

Any other position applying for: \_\_\_\_\_

**List Your Current Education/Administrative Licenses or Certificates You Hold:**

FILE FOLDER OR LICENSE NUMBER	STATE	FUNCTION DESCRIPTION	DATE ISSUED	EXPIRATION DATE

**Are you currently working toward an additional license and how many credits have you earned towards licensure? If so, what licensure area?**

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**Education – full information and dates are required:**

SCHOOLS ATTENDED	NAME AND LOCATION	DEGREE (BA,BS, MA,MS,DOC,SPE)	MAJOR	MINOR	DATE OF GRADUATION
HIGH SCHOOL OR GED					
COLLEGE OR UNIVERSITY					
GRADUATE					
BUSINESS OR TECHNICAL					

**Data Regarding Student Training:**

(Applicants with three year or more of teaching experience need not complete this portion.)

CITY AND SCHOOL IN WHICH STUDENT TEACHING WAS DONE	NAME OF COOPERATING TEACHER	GRADES OR SUBJECT TAUGHT	DATES TO/FROM	HOURS PER WEEK
			mo yr mo yr / - /	
			mo yr mo yr / - /	
			mo yr mo yr / - /	

**Employment References**

Name	Title	Business Address Street, City, State, Zip Code	School or Company And Telephone Number

**Employment History:**

Please provide a complete history of your work experience (Part-time and Full-time). Please explain in detail of any gaps in your employment history. Attach additional pages if necessary.

**ACCURATE AND COMPLETE INFORMATION IS REQUIRED**

<p><b>Employer (List most recent first)</b> Name _____ Address _____ Supervisor _____ Phone ____ / ____ / ____ Position Held _____ Job Responsibilities _____ _____ _____ _____ _____ Reason for Leaving _____</p>
<p><b>Employer</b> Name _____ Address _____ Supervisor _____ Phone ____ / ____ / ____ Position Held _____ Job Responsibilities _____ _____ _____ _____ Reason for Leaving _____</p>
<p><b>Employer</b> Name _____ Address _____ Supervisor _____ Phone ____ / ____ / ____ Position Held _____ Job Responsibilities _____ _____ _____ _____ Reason for Leaving _____</p>

Describe any academic curricular and extracurricular activities, programs, or special training you have received that are related to the type of employment you are seeking. List yours years of experience and whether or not you feel qualified to lead, organize or direct in those areas.

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**Professional Affiliation/Activities:**

Major professional organizations, committee, workshops, in-service, conferences.

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**What non-English languages do you speak, read, or write proficiently?**

Speak - Intermediate Low \_\_\_/Mid\_\_\_/High\_\_\_or Advanced\_\_\_or Superior\_\_\_

Read - Intermediate Low \_\_\_/Mid\_\_\_/High\_\_\_or Advanced\_\_\_or Superior\_\_\_

Write - Intermediate Low\_\_\_/Mid\_\_\_/High\_\_\_or Advanced\_\_\_or Superior\_\_\_

**Have you ever been convicted of a criminal offense? Yes \_\_\_ No \_\_\_** If yes, please attach information.

The existence of a criminal record does not necessarily constitute an automatic bar to employment. However, failure to list a conviction is a bar to employment.

Are you under contract in another school system at the present time? Yes \_\_\_ No \_\_\_ If yes, a release must be obtained before date of hire.

If hired, when could you begin work? \_\_\_\_\_

Military: \_\_\_\_\_  
Selective Service Classification                      Date of Service                      Reserve Status-List Assignment

If hired, can you provide documentation which shows you are legally eligible to work in the United States?\_\_\_

<b>PLEASE BE SURE TO SIGN THIS APPLICATION, AND READ THE FOLLOWING STATEMENTS CAREFULLY</b>
1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.
2. I authorize Seed/ Harvest Preparatory School to verify this information to determine whether or not I am qualified for the position for which I am applying.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

We appreciate your interest in Harvest Preparatory School and the time you have taken to prepare this application

Where did you learn that this position was open for application?

- Harvest Human Resources     Referred/Nominated by friend/colleague                       College Bulletin Board
- Personal Contact                       Recruiter on Campus                       Recruiter Harvest Preparatory
- Professional Journal                       National Publication – Which One? \_\_\_\_\_  College Fair-Where \_\_\_\_\_
- Local Newspaper- Name \_\_\_\_\_  Community Publication – Which one \_\_\_\_\_
- Other – Please indicate \_\_\_\_\_

Applications can be e-mailed to: [kmahmoud@seed-harvest.org](mailto:kmahmoud@seed-harvest.org)

Application materials will be valid for two years from the date it is submitted and must be updated at that time. Please notify the Human Resources if there is any change in the information that you have provided to us. Failing to do so may result in your not being considered for employment opportunities.
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3/15/06

# SEED ACADEMY/HARVEST PREPARATORY SCHOOL

## EQUAL EMPLOYMENT – AFFIRMATIVE ACTION CONFIDENTIAL APPLICANT FLOW FORM

**To be completed by applicant: The Seed Academy/Harvest Preparatory has an Equal Employment Opportunity/Affirmative policy and program. Knowledge of your ethnicity, gender, age group, disability, and veteran status is necessary for monitoring the effectiveness of the program. Although you are not required to provide information on ethnicity, gender, veteran status, age group, and disability, you must provide the remaining information in order for you application to be properly processed.**

Last Name	First Name, M.I.	Date
Title of Position Applying for:	Gender <input type="checkbox"/> Man <input type="checkbox"/> Woman	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

### Ethnic Grouping

- 1. **WHITE:** All persons having origins in any of the Peoples o Europe (including Spain), North Africa or the Middle East.
  
- 2. **AFRICAN AMERICAN:** All persons have origins in any of the black racial groups of Africa.
  
- 3. **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central, or South American or other non-European Spanish culture or origin (regardless of race who retain cultural identification through name, community recognition, language and/or activities.
  
- 4. **ASIAN OR PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, Chine, Japan, Korea, the Philippine Islands an Samoa
  
- 5. **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

### A disability is defined as a condition which limits or more major life activities such as employment opportunities, access or testing. **DO YOU CONSIDER YOURSELF TO HAVE ANY OF THE FOLLOWING DISABILITIES, OR MEDICAL CONDITION?**

- |  |  |
|--|--|
| <input type="checkbox"/> No<br><input type="checkbox"/> Joint Disability<br><input type="checkbox"/> Post Polio Disability<br><br><input type="checkbox"/> Speech Disability<br><input type="checkbox"/> Hearing Disability<br><input type="checkbox"/> Mental/Emotional Disability<br><input type="checkbox"/> Back Injury or Disability<br><input type="checkbox"/> Diabetes or Related Disability<br><input type="checkbox"/> Communicative/Learning Disability | <input type="checkbox"/> Amputated or Impaired Limb<br><input type="checkbox"/> Paraplegia, Quadriplegia or Hemiplegia<br><input type="checkbox"/> Neuro-Muscular Disability (Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, etc.)<br><input type="checkbox"/> Visual Disability (corrected vision not included)<br><input type="checkbox"/> Epilepsy or other Seizure Disability<br><input type="checkbox"/> Other Medical Disability which limits employment opportunities and/or ability to perform all job tasks.<br>If yes, explain. _____ |
|--|--|

If you have checked one or more of the disabilities above, it may be possible to arrange alternative testing accommodations. Do you need any alternative testing accommodation?  No  Yes- If yes, explain \_\_\_\_\_

## MINNESOTA GOVERNMENT DATA PRACTICES ACT

The Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, requires that when a Minnesota Governmental unit requests data from an individual, the basis for requesting data, the purpose for data, the uses to which the data will be put, and the persons to whom the data will be disclosed must be stated.

The Seed Academy/Harvest Preparatory School is requesting this data about you because:

1. As an employer and as a recipient of state and federal funds, The Seed Academy/ Harvest Preparatory must comply with our Affirmative Action Policy, which require us to report on our compliance with our Affirmative Action Policy, which is designed to increase the number of women, racial minorities, and disabled in certain kinds of positions in the School program. We collect this data to ensure that we are in compliance.
2. The United States Equal Employment Opportunities Commission has issued regulations requiring employers to assure themselves that their employment procedures do not discriminate against groups of persons protected by the Civil Rights Act of 1964 as amended. Other Federal laws require affirmative action or non-discrimination against veterans and the disabled. Minnesota law (MS Chapter 363) prohibits discrimination on the basis of age. This data helps us verify that our employment practices do not discriminate against any of these groups.

Providing information on ethnic origin, gender, age, veteran status and disability is voluntary. All other information is mandatory in order for Seed Academy/Harvest Preparatory to process your application for employment.

This data will be used to compile summary reports that will be submitted to state and federal agencies, which monitor Seed Academy/Harvest Preparatory hiring procedures. The data will not be available to anyone who will be make hiring decisions about you. It will not be kept in your application or personnel file. The data may be disclosed to state or federal agencies as a part of a compliance audit.

The information on this form is classified as "private data on individuals" under the Government Data Practices Act. This means that you can examine the data about yourself, but only those persons permitted by the act to examine the data may do so.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] We are requesting a federal check pursuant to Minnesota State Statute 299C.62 on this individual as well.

(Contributor, please check this box if requesting a federal check and attach fingerprint card, the Child Protection Background Check Consent form and a check in the amount of \$24.00. Please note that the federal check will take six to eight weeks to complete.)

The following named individual has made application with this agency for employment.

Last Name of Applicant: \_\_\_\_\_  
Please print

First Name of Applicant: \_\_\_\_\_  
Please print

Middle Name of Applicant: \_\_\_\_\_  
Please print

Maiden, Alias or Former: \_\_\_\_\_  
Please print

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ( M or F ) \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_  
Please print authorize the Minnesota Bureau of

Criminal Apprehension to disclose criminal history record information to The Seed Academy/Harvest Preparatory pursuant to Minnesota State Statute 123B.03, subdivision 1 for the purpose of employment as a \_\_\_\_\_ with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_