



ST. PAUL CITY SCHOOL

preK-5
260 Edmund Avenue
St. Paul MN 55103
651 225 9177
fax 651 225 9722

6-8
643 Virginia Street
St. Paul MN 55103
651 225 9177
fax 651 487 7551

Employment Application

Mission Statement:

Through the pursuit of knowledge, character building and service to the community, the mission of St Paul City School is to provide challenging education to a diverse population.

Equal Opportunity Employer M/F/D/V

We invite you to complete this application and return it to our school office via email, fax or standard mail. Please include cover letter, resume, three letters of recommendation, copy of licensure, and college transcripts.

St. Paul City School
Att: KaBao Xiong
260 Edmund Avenue
St. Paul, MN 55103
Email: kbxiong@newspiritschool.org
Fax: 651-225-9722

Personal Data

Name: Ms./Mr. _____

Position desired: _____

Date available: _____

Present address: _____

Telephone: Home: _____ Cell/Evening: _____

Email: _____ Fax: _____

Licensure

Are you licensed to teach in Minnesota? _____ License Area: _____

MN File Folder Number: _____ Expiration Date: _____

List any additional teaching licenses that you have or have had in the past.

State: _____ License Area: _____

License Number: _____ Exp. Date: _____

State: _____ License Area: _____

License Number: _____ Exp. Date: _____

Years teaching experience in traditional public schools districts: _____ Charter: _____

Other: _____

Education and Training

College/University	Location	Major	Minor	Degree Conferred
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Veteran Preference Act Status

If you are a veteran and wish to claim veteran's preference points, you must present a photocopy of your DD214, must show evidence of honorable discharge, or in case of a disabled veteran show entitled disability compensation.

Do you wish to claim Veterans Status? ____ Yes ____ No

Please rate areas of present skill: 0 =No experience 1 = Basic 2 = Proficient

- ___ Technology (Excel, Word Processing, Power Point, Smart Boards)
- ___ Special Education
- ___ SIOP (working with an ELL population)
- ___ Urban Learners

Do you know any language other than English? ___ Yes ___ No

If yes, which language(s)? _____

Oral Level: _____ Written Level? _____ Can you translate? ___ Yes ___ No

Professional Experiences

Position: _____ Dates (From - To): _____

Name of Employer _____ Phone: _____

Grade/Subject: _____ Reason for leaving: _____

Position: _____ Dates (From - To): _____

Name of Employer _____ Phone: _____

Grade/Subject: _____ Reason for leaving: _____

Position: _____ Dates (From - To): _____

Name of Employer _____ Phone: _____

Grade/Subject: _____ Reason for leaving: _____

Position: _____ Dates (From - To): _____

Name of Employer _____ Phone: _____

Grade/Subject: _____ Reason for leaving: _____

Position: _____ Dates (From - To): _____

Name of Employer _____ Phone: _____

Grade/Subject: _____ Reason for leaving: _____

Do you have any other professional training or experience that is related to the teaching field? If yes, please explain.

Personal/Professional Philosophies

We would like to gain insights about your educational philosophy, opinions, and points of view. Answer the following questions in the space provided below each one. Please keep responses to the space provided.

1. How do you seek to recognize and develop the potential in each student?
2. What do you think are the most important qualities of an outstanding educator?
3. How do we know learning is taking place in the classroom?
4. After reading the mission statement located on the cover, please describe any special skills and talents that you would bring to St. Paul City School?

Termination for Cause/Conviction of Felony Record (All potential employees are required to consent to a criminal background check before employment will be obtained.)

1. Have you ever been terminated from employment or resigned, by request of the employer or by mutual consent, for cause of alleged misconduct, alleged unsatisfactory performance, or alleged improper or illegal acts? Yes No

If yes, please explain: _____

2. Have you ever had a teaching license or certificate revoked or suspended? Yes No

If yes, where: _____

3. If you are currently employed, can we contact your employer for a reference?

Yes, ask for _____ at (_____) _____

No, please don't call at this time because: _____

4. Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No

If yes, please explain and provide dates: _____

5. Have you ever had any findings of child abuse filed in your name or does your name appear on any Sex Offender database in any state or country? Yes No

If yes, please explain and provide dates: _____

References

Please provide at least three references (not family members) who can speak of your professional experience, beginning with your most recent principal or supervisor.

1. Name: _____ Position: _____

Address: _____ Phone: _____

2. Name: _____ Position: _____

Address: _____ Phone: _____

3. Name: _____ Position: _____

Address: _____ Phone: _____

Confirmation

I certify the information given in this application is true in all aspects to the best of my knowledge. I agree that if the information is found to be false in any way, it shall be considered sufficient cause for discharge. I authorize past employers and references to answer all questions concerning my ability to fulfill this job.

Signature: _____ Date: _____