



Discovery Kids
High School Aide Employment Application Form
Benson Community Education
 1400 Montana Avenue, Benson, MN 56215
 Phone: 320-843-4545 Fax: 320-843-2262

(Revised 3/2020)

Name		Date	
Address			
City		State	
		Zip	
		Phone	
E-mail Address			Are you 18 or older?

Qualification, Skills

Special Certifications/Licenses or Qualifications (i.e. CPR, 1 st Aid, Babysitting Class, etc.)	
List additional skills or training, knowledge, experience, or other relevant qualifications you consider applicable to obtaining the position desired.	

Employment History

Employer Name	1.	2.
Employer Address		
Employer Phone		
Supervisor Name		
Date of Employment		
Position		
Description of Duties		

References

Name	1.	2.
Address City, State, Zip		
Phone		
Years Acquainted		

Criminal Background Information

Have you ever been charged with a misdemeanor or a felony?	
If yes, explain the nature of the charge and the circumstances	
Were you convicted and/or did you plead guilty?	
If yes, give the date, city, state, and county where convicted	

A background check and finger printing will need to be done through the Department of Human Services prior to 1st day of employment. Travel and expenses will be the responsibility of the applicant.

Certification, Acknowledgment and Release

I certify the answers I have given on this application are true and correct to the best of my knowledge. I understand any false or misleading information provided, and any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the Benson Public Schools ISD #777.

In connection with this application, I hereby authorize any and all former employers and references named in this application or any agent of such a former employer, to release to Benson Public Schools ISD #777 and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that Benson Public Schools ISD #777 will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below. I hereby release Benson Public Schools ISD #777 and all former employers and references listed herein and any and all agents acting on behalf of said School District, former employers or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature		Date	
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Return application to:
Benson Community Education
1400 Montana Avenue
Benson, MN 56215