BYHA - Buffalo Youth Hockey Association Buffalo, MN

Application for Employment

Last Name	F	First Name	Middle Name			
Street Address	City	State	Zip			
Home Phone Nu	ımber	Cell Phone Num	nber			
Email Address: _						
What position are you applying for:Date of Application:						
If you are under 18 years of age, can you provide required proof of your eligibility to work?						
YES NO						
Have you ever filed an application with us before?						
YES NO If yes, date of application:						
Have you ever been employed with us before? If yes, date of application:						
May we contact your present and previous employers? YES NO						
Are you prevented from lawfully being employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment).						
YES NO	0					
On what date would you be available to work?						

EDUCATION

	Name of School Attending/At tended	Location	Major	Minor	Diploma or Degree
High School					
College or University					
Vocational/Technical					
Other					

Employment History

Start with your present or last job. If not applicable, list work performed on a volunteer basis or personal references.

Employer:		Starting Wage:	Current Wage:		
		Phone Number:			
			End Date:		
Work Performed:					
			Full or Part Time:		
Reason for Leaving:					
Employer:		Starting Wage:	Current Wage:		
		Phone Number:			
		e: End Date:			
Work Performed:					
			Full or Part Time:		
Reason for Leaving:					
Employer:		Starting Wage:	Current Wage:		
		Phone Number:			
			End Date:		
Work Performed:			*		
		Full or Part Time:			
Reason for Leaving:					

References

provide 1). Accurately identifies you as an applicant and 2). Judge your eligibility and qualifications for a position with Annandale Public Schools. Any private or confidential information provided in this application shall be used only for these purposes. In the event you are employed by Annandale Public Schools, your name will appear on the school board agenda, a public document. Typically, interviews are not scheduled until appropriate vacancies are identified or anticipated. Applications are retained for two years. If this is a general application rather than in response to a specific posting, applicants are responsible for contacting the Human Resources Department to reactivate this application. VETERANS' PREFERENCE: If you are a veteran and wish to claim veterans' preference, you must present a legible photocopy of your DD214 to the Human Resources Department. The statute requires that a veteran who passes the test has a right to request veterans' preference points. In order to qualify, a veteran must show evidence of honorable discharge from the military service or in the case of a disabled veteran, must show he or she is entitled to disability compensation for a permanent service-connected disability rated at 50 percent or more. If your claim is approved, five or ten additional points will be added to your final passing score. In accordance with the requirements of the Veterans' Preference Act, Buffalo Youth Hockey Association requests the following information: 1. Are you a veteran? Yes No 2. If yes, please provide your service number: 3. If yes, please state your discharge status as noted on the Department of Defence Form 214: Applicant's Statement I certify that answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wi	Name	Phone Number	Employer/ Relationship	Address	Position if applicable
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and employee in writing. In the event of employment, I understand that false or misleading information given in my application, resume' or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant:	provide 1). Accurated position with Annand shall be used only for name will appear on until appropriate vacageneral application rathe Human Resource a veteran and wish to the Human Resource request veterans' predischarge from the midisability compensation claim is approved, fivor In accordance with the requests the following 1. Are you a veteran's 1. Are you a veteran's 1. If yes, please proven 3. If yes, please states 214: Applicant's Statemer knowledge. I authorize be necessary in arrivactive for a period of beyond this time perion The applicant unders constitute an employe and employee in write given in my application required to abide by the shall be used to abide by the shall be us	y identifies you as an ale Public Schools. A rethese purposes. In the school board age ancies are identified of ather than in response as Department to reach claim veterans' prefers Department. The size of the second points of the second point of	applicant and 2). Judgery private or confidence event you are empenda, a public document anticipated. Applicate to a specific posting etivate this application erence, you must present that a valer to qualify, a veteral erecase of a disabled vervice-connected disabled vervice-connected disabled to ye Veterans' Preference as as noted on the Department of the post of the pear. Any applicant to whether or not applicate of the pear of the	ge your eligibilitial information loyed by Annar nt. Typically, intions are retained, applicants are veteran who par must show evereran, must show evereran, must shour final passing each, Buffalo veteran of Defand complete to in this application for employed wishing to be defer of employment and that effect is end that false or	ty and qualifications for a provided in this application approvided in this application and Public Schools, your terviews are not scheduled ed for two years. If this is a responsible for contacting PREFERENCE: If you are notocopy of your DD214 to isses the test has a right to vidence of honorable now he or she is entitled to 0 percent or more. If your ng score. Youth Hockey Association fence Form the best of my ion for employment as may yment shall be considered considered for employment ing accepted at that time, nent from the employer executed by the employer executed by the employer misleading information

Date: _____