



**GENERAL**

**Special Skills:**

**REFERENCES** Provide information of three persons not related to you, whom you have known at least a year.

Name	Address	Occupation	Phone Number
1.			
2.			
3.			

**Nondiscrimination Policy**

You are hereby notified that the McClusky Public School District does not discriminate on the basis of sex in the educational programs or activities which it operates, and that it is required by Title IX and part 86 of the Department of Health, Education and Welfare regulations not to discriminate in such a manner. This requirement not to discriminate extends to educational programs and activities, as well as to employment herein. You are further notified that the McClusky Public School District does not discriminate in services or employment practices on a basis of handicap, in accordance with North Dakota Century Code 15-59-04, 48-02-19, or PL 94-142, Section 504 of the Vocational Rehabilitation Act of 1973, and as amended. In addition, the McClusky Public School District does not discriminate on the basis of color, race, creed or national origin.

<b><u>Veteran's Preference</u></b> (NDCC 37-19)			
Do you claim Veteran's Preference?	No	Yes - Attach Report of Separation DD-214	
Do you claim Disabled Veteran's Preference?	No	Yes - Attach current VA Disability Certification and Report of Separation DD-214	

**Authorization for Release of Personal Data**

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the McClusky Public School District and its agents with any and all information in their possession regarding me, in connection with an application for or retention of employment. **I also give the ND Department of Human Services and the County Social Service office permission to check for my name in the child abuse or neglect files and the ND Child Abuse & Neglect Index, for a period not to exceed one year.** I further consent that any information found in the child abuse & neglect records can be shared with the McClusky Public School Human Resources staff. I hereby release from liability and hold harmless all persons and corporations supplying this information to the McClusky Public School District and its agents. A photocopy or facsimile (fax) of this authorization is as effective as the original.

You are further notified that inquiries concerning the application of Title IX, 504, or other issues of equal opportunity may be referred to the Superintendent, who has been designated as the person responsible for coordinating the efforts of the McClusky Public School District to comply with and carry out these responsibilities, including any investigation of complaints alleging noncompliance of practices, and violation of law or school board policy.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, 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.

Signature

Date