

OEC Volunteer Application

(Please Print)

Position(s) Applied For <input type="radio"/> Student Leader (age 18-20) <input type="radio"/> General Staff (21 & older) Non-licensed or certified health care personnel with under 1 year of in-field work experience) <input type="radio"/> Instructional Staff (certified or licensed health care, law enforcement, or teacher)	Date of Application
How Did You Learn About Us?	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number	
	-	-

Have you ever filed an application with us before? Yes No If Yes, give date _____

Have you ever been employed with us before? Yes No If Yes, give date _____

May we contact your present employer? Yes No

On what date are you available to work? _____

Have you been convicted of a felony within the last 7 years?
 Conviction will not necessarily disqualify an applicant from employment Yes No

If yes explain: _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma	Degree
Elementary School					
High School					
Undergraduate College					
Graduate Professional					
Other (specify)					

Describe any specialized training, apprenticeship, skills and Extra-curricular activities.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. *You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability, etc.*

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ YES _____ NO

References

1.	_____ (name) _____ (Phone #) _____
	_____ (address) _____
2.	_____ (name) _____ (Phone #) _____
	_____ (address) _____

Applicant's Statement

I certify that answers given herein 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 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by

**Child Protection Background Check Act
Osseo Sr. High Opportunities Emergency Health Care Program**

Osseo Senior High School
317 2nd Street North West Osseo, MN 55369
763-391-8519
501c3-Non Profit Organization

Because the position for which you are applying will require you to provide treatment, education, training, instruction, or recreation to children, Osseo Opportunities in Emergency Health Care Program will request the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62.

Have you ever been convicted of any of the following crimes? (If yes, please attach a description of the crime and the particulars of the conviction.) Yes No

**Background Check Crimes
Under Minnesota Statutes Chapter 299C**

-Murder -Felony Level Assault -Kidnapping -Criminal Sexual Conduct -Manslaughter -Arson
-Any Assault against a minor -Prostitution-related crime
-Any of the following Child Abuse Crimes committed against Minor victim, constituting a violation of Minnesota Statutes.

Sections:

609.185, (5) Murder in the 1 st Degree	609.342 Criminal Sexual Conduct in the 1 st Degree
609.221 Assault in the 1 st Degree	609.343 Criminal Sexual Conduct in the 2 nd Degree
609.222 Assault in the 2 nd Degree	609.344 Criminal Sexual Conduct in the 3 rd Degree
609.223 Assault in the 3 rd Degree	609.345 Criminal Sexual Conduct in the 4 th Degree
609.224 Assault in the 5 th Degree	609.952 Solicitation of Children to Engage in Sexual Conduct
609.2242 Domestic Assault	609.377 Malicious Punishment of a child
609.324 Other prohibited acts of Prostitution	609.378 Neglect of Endangerment of a Child
609.322 Solicitation, Inducement and Promotion of Prostitution	
152.022, subd.1, (5) or (6) Controlled Substance Crime in 2 nd Degree	
152.023, subd.1, (3) or (4) Controlled Substance Crime in 3 rd Degree	
152.023, subd.2, (4) or (6) Controlled Substance Crime in 3 rd Degree	
152.024, subd.1, (2), (3) or (4) Controlled Substance Crime in 4 th Degree	

As the subject of a Child Protection background check, your rights include:

- to be informed that Osseo OEC Program will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes and
- to be informed of the BCA's response and obtain a copy of the report from SLPHS OEC Program,
- to obtain from the BCA any record that forms the basis for the report, and
- to challenge the accuracy and completeness of any information contained in the report, and
- to be informed whether SLPHS OEC Program has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.

Minnesota statutes and the BCA require you to complete the following information in order to complete the background check:

Last Name of Applicant (Please Print):

First Name (Please Print):

Middle (full) (Please Print):

Maiden, Alias or Former (Please Print):

Date of Birth (month/day/year): _____ Sex (M or F): _____

Social Security Number (optional):

Signature _____ Date _____

This release is valid for one year from the date of my signature.