



___ JUDICIAL DISTRICT
APPLICATION FOR
GUARDIAN AD LITEM CONTRACT
 THE SUPREME COURT OF MINNESOTA

The ___ Judicial District of Minnesota is an Equal Opportunity Employer. Contract applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status, sexual orientation or other legally protected status.

Title of Contract Position for Which You Are Applying: _____

Last Name	First Name	Middle Name
Street Address	City	State/Zip
Home Phone	Work Phone	
E-mail Address		

Are you legally able to be employed in the U.S.? ___ Yes ___ No

Do you have special needs which may necessitate reasonable accommodation in the testing and interviewing process or the ability to perform essential functions of the job for which you are applying? ___ No ___ Yes (If "yes", describe the type of accommodations requested.)

	Dates of Attendance	Total No. of Credits	Degree & Date Received	Major & Minor Subjects
High School or GED				
College, University or Professional School & Location (List all undergraduate and graduate work)				
Internships (if any):				
Business, Correspondence, Trade, Technical or Vocational School	Dates of Attendance	Full Time/Part Time	Date Certificate Received or % Completed	Subjects Taken

Specify other training you received (special courses, work training programs etc.) Also estimate the number of hours of training you received. Attach additional sheets if necessary.

Current professional licenses, registrations or certificates related to this job. Give Type and License/Registration Numbers:

Read Carefully Before Answering the Following Question: Have you ever been convicted or been given a suspended sentence, placed on probation, or been imprisoned because of ANY violation of the law? If so, fill in below. Do not list minor violations or juvenile offenses. If more space is needed, use a separate sheet of paper. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work applied for. However, false statements or withholding information may result in your being barred from appointment or removal from appointment.

CHARGE	DATE	PLACE	PENALTY

RECORD OF EMPLOYMENT

- < Give your present or most recent employment first.
- < Do NOT mark application (See Resume) although you may attach a resume in addition to completing this form. Do NOT mark application "See Previous Application".
- < BE COMPLETE. Applicants are eligible only if it can be determined from their application that they meet the minimum qualification for the position. If the examination includes a rating of training and experience, your test score depends on the information you provide.
- < Indicate name under which employed if other than present name.
- < Attach additional sheets if necessary.

<p style="text-align: center;">Length of Employment</p> <p>From ____/____/____ To ____/____/____ Mo Yr Mo Yr</p> <p>Total _____ _____ Years _____ Months</p> <p>_____ Full-time _____ Part-time _____ Hours/Week</p> <p>Starting Salary \$ _____ Last Salary \$ _____</p>	<p style="text-align: center;">Name & Address of Employing Firm</p> <p>_____ _____ _____</p> <p>Supervisor's Name _____ Phone _____ Reason for Leaving: _____ _____</p> <p>May we contact this employer: ____Yes ____No</p>	<p>Your Title _____</p> <p>Specific Duties: _____ _____ _____ _____</p>
<p style="text-align: center;">Length of Employment</p> <p>From ____/____/____ To ____/____/____ Mo Yr Mo Yr</p> <p>Total _____ _____ Years _____ Months</p> <p>_____ Full-time _____ Part-time _____ Hours/Week</p> <p>Starting Salary \$ _____ Last Salary \$ _____</p>	<p style="text-align: center;">Name & Address of Employing Firm</p> <p>_____ _____ _____</p> <p>Supervisor's Name _____ Phone _____ Reason for Leaving: _____ _____</p> <p>May we contact this employer: ____Yes ____No</p>	<p>Your Title _____</p> <p>Specific Duties: _____ _____ _____ _____</p>
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-IMPORTANT-

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Date _____ Signature (Do not print) _____

The state has the right to verify information provided in the application. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In connection with this application for contract, I authorize the State of Minnesota and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the State of Minnesota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

____ YES ____ NO (We may be unable to contract your service without this information).