



Dear Applicant,

Thank you for your interest in a teaching position with Ubah Medical Academy. The following information will assist you in the application process. Only those who submit complete application files will be considered for employment. In order for an application file to be complete, we must receive the following:

1. A completed and signed application form
2. Letter of interest
3. Resume
4. Copy of Transcripts
5. Copy of your Minnesota teaching license, or proof of your ability to obtain one by the position starting date.
6. Three (3) letters of recommendation

The above information should be mailed, faxed or e-mailed to:

Ubah Medical Academy
Attn: Melissa Ziebarth
1600 Mainstreet
Hopkins, MN 55343
952.540.2950 (fax)
melissaz@iecmail.net



TEACHER APPLICATION FORM

The information requested in this employment application is confidential and will be used only for employment purposes by Ubah Medical Academy.

Equal Opportunity Employer

Ubah Medical Academy does not discriminate against any person on the basis of race, religion, color, sex, marital status, national origin, age, veteran status, sexual orientation, physical/mental disability or any other protected class.

Americans with Disabilities

Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Authorization to work in the United States

If hired, you will be required to present documentation confirming your identity and authorization to work in the United States.

Authorization and Agreement

In order to complete this employment application, you must read and sign the "Applicant's Authorization and Agreement" section located on the last page of this application.

This application is current for only 90 days. At the conclusion of this time, if you have not received a response from Ubah Medical Academy and still wish to be considered for employment, it will be necessary for you to reapply.

PERSONAL DATA- SECTION 1		
Last Name	First	Middle
Street Address		Apartment/Unit #
City	State	Zip
Home Phone	Cell Phone	E-mail
Position applying for	Today's date	Date available for work
Do you have the legal right to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		

LICENSURE- SECTION 2		
Do you have a valid Minnesota Teaching License? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If NO, Have you applied for one? YES <input type="checkbox"/> NO <input type="checkbox"/>		
File Folder Number	Expiration Date	
Area(s) of Licensure		
Undergraduate Major	Undergraduate GPA	Undergraduate Minor
Graduate Major	Graduate Minor	

STUDENT TEACHING EXPERIENCE- SECTION 3				
Name of School	Date	Grade Taught	Supervising Teacher	Grade Received

IF YOU HAVE ATTACHED A RESUME, YOU DO NOT NEED TO COMPLETE SECTIONS 4 & 5. SECTIONS 1-3, 6 & 7 MUST BE COMPLETED WHETHER YOU ATTACH YOUR RESUME OR NOT.

EDUCATION- SECTION 4		
List High School(s) and College(s)/Universities Attended		
Name of School/Location	Dates Attended	Degree

PREVIOUS EMPLOYMENT- SECTION 5	
<i>Please list your last three employers, most recent first.</i>	
Company 1- Employer name/address	Job title/duties
Supervisor Name/Title	Phone ()
Dates Employed	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company 2- Employer name/address	Job title/duties
Supervisor Name/Title	Phone ()
Dates Employed	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Company 3- Employer name/address		Job title/duties
Supervisor Name/Title		Phone ()
Dates Employed	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

GENERAL INFORMATION- SECTION 6		
Have you ever been convicted (or charged) with a misdemeanor or felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain		
Are there any complaints, investigations, or disciplinary actions against your Teaching Licenses? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain		
Has your Teaching License been suspended or revoked in any state including Minnesota? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain		
Has there been any disciplinary action taken against your teaching license for sexual misconduct or attempted misconduct in Minnesota or in any other state? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain		

APPLICANTS AUTHORIZATION AND AGREEMENT- SECTION 7

❖ I certify that the information contained in or accompanying this application is true, accurate and complete to the best of my knowledge. I understand and agree that any falsification, misrepresentation, distortion or omission with respect to such information, whether pertaining to information on this application or any other aspects of the pre-hiring process (1) may disqualify me from consideration for employment, or (2) constitute grounds for immediate discharge should I be employed by the School.

➤ **PLEASE INITIAL** _____

❖ I understand that any employment is conditioned to a background check and that Ubah Medical Academy may, at its discretion, procure and have prepared an investigative consumer report, in accordance with applicable law. I understand that upon written request within a reasonable period of time, I can obtain from the company written disclosure of the nature and scope of any such report if requested.

➤ **PLEASE INITIAL** _____

❖ I authorize Ubah Medical Academy to thoroughly investigate all statements contained in my application or resume, and I authorize my former employer, references, and other individuals or organizations listed to disclose information regarding my former employment, education, character and general reputation to Ubah Medical Academy, without giving me prior notice of such disclosure. In addition, I release Ubah Medical Academy, any former employers, references and any other individuals or organizations listed above (as well as those provided verbally or in other documents submitted) from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

➤ **PLEASE INITIAL** _____

❖ I understand and agree that nothing contained in this application, or conveyed during an interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at-will” and without fixed term, and may be terminated at any time, with or without cause, and without prior notice at the option of either Ubah Medical Academy or myself. No promises regarding employment have been made to me, and I understand that no employee of Ubah Medical Academy other than the Director has the authority to enter into any agreement contrary to the foregoing. Further, any such agreement must be in writing and signed by the Director and myself.

➤ **PLEASE INITIAL** _____

❖ I understand that filling out this form does not indicate there is a position open and does not obligate Ubah Medical Academy to hire. If hired, I agree to abide by all of Ubah Medical Academy work rules, policies and procedures. Ubah Medical Academy retains the right to revise its policies and /or procedures, in whole or in part, at any time.

➤ **PLEASE INITIAL** _____

❖ I understand that a criminal history background check will be required of all individuals offered employment with Ubah Medical Academy. All individuals offered employment with the School must provide the school with a criminal history consent form and the fees associated with the criminal history background check.

➤ **PLEASE INITIAL** _____

Signature

Date