



8001 Able St NE, Spring Lake Park, MN 55432
 763-785-5556 • Fax: 763-786-2661
 Email: bneiss@district16.org
 Website: www.slpoec.org

NEW PERSONNEL FORM

INSTRUCTIONS:

THIS FORM MUST BE FILLED OUT COMPLETELY BY ALL PERSONS WANTING TO BECOME OEC STAFF AND RETURNED TO THE OEC OFFICE. IT MUST ALSO BE ACCOMPANIED BY A COMPLETED BACKGROUND CHECK FORM. IF YOU ARE EXPECTING TO RECEIVE PAYMENT FROM THE OEC PROGRAM AT ANY POINT, YOU MUST ALSO SUBMIT WITH THIS FORM A W-4 AND I-9.

TO BE COMPLETED BY APPLICANT:

_____ LAST	_____ FIRST	_____ MI
_____ STREET	_____ CITY	_____ STATE, ZIP
_____ EMAIL ADDRESS	_____ TELEPHONE NUMBER	
_____ BIRTH DATE	_____ SOCIAL SECURITY NUMBER	
_____ OEC STAFF MEMBER	_____ SLP HS	
_____ POSITION	_____ BUILDING	_____ START DATE
_____ SIGNATURE	_____ DATE	

TO BE COMPLETED OEC ADVISORY COMMITTEE

DISTRICT REQUIREMENTS

_____ COMPLETED DEMOGRAPHICS
_____ BACK GROUND FORM
_____ W-4 (IF RECEIVING PAY)
_____ I-9 (IF RECEIVING PAY)
_____ DIRECT DEPOSIT (IF RECEIVING PAY)

OEC REQUIREMENTS

(FOR PERSONS ATTENDING OEC ACTIVITIES OUTSIDE OF CLASS)

_____ REFERENCE CHECK
_____ CERTIFICATION VERIFICATION
_____ LEADERSHIP TRAINING COMPLETED

OEC POSITION TITLE

COMMITTEE MEMBER APPROVAL 1

OEC STAFF NUMBER

COMMITTEE MEMBER APPROVAL 2

TO BE COMPLETED BY DISTRICT 16

_____ EMPLOYEE NUMBER	_____ UNIT
_____ STAT	_____ INSURANCE INFO ISSUED
_____ STAT DATE	_____ <u>W-4 INFO</u>
_____ OCC CODE	_____ M
_____ LOC	_____ S
_____ SUB LOC	_____ DED
_____ EFF. DATE	

EDUCATION:

HIGH SCHOOL ATTENDED	NAME	STATUS
OEK PROGRAM ATTENDED	SLP OSH N/A	YEAR ATTENDED
COLLEGE ATTENDED	NAME	STATUS
DEGREE OR CERTIFICATE EARNED		STATUS

EMPLOYER INFO:

EMPLOYER	
POSITION	
START DATE	
DESCRIPTION OF DUTIES	

CERTIFICATION: (PLEASE ATTACH COPIES OF ALL CERTIFICATIONS)

FIRST RESPONDER	CARD NUMBER	SATE IF ISSUE	PROVIDER LEVEL	EXP. DATE
EMT	CARD NUMBER	SATE IF ISSUE	PROVIDER LEVEL	EXP. DATE
NREMT	CARD NUMBER	SATE IF ISSUE	PROVIDER LEVEL	EXP. DATE
OTHER:	CARD NUMBER	SATE IF ISSUE	PROVIDER LEVEL	EXP. DATE
OTHER:	CARD NUMBER	SATE IF ISSUE	PROVIDER LEVEL	EXP. DATE
OTHER:	CARD NUMBER	SATE IF ISSUE	PROVIDER LEVEL	EXP. DATE

REFERENCES:

NAME / OCCUPATION	
ADDRESS	
TELEPHONE NUMBER	
PERSONAL OR PROFESSIONAL	

NAME / OCCUPATION	
ADDRESS	
TELEPHONE NUMBER	
PERSONAL OR PROFESSIONAL	

AREAS I WOULD LIKE TO ASSIST OEC WITH:

SKILLS TESTING	YES NO	ADVISORY COMMITTEE	YES NO
OVERNIGHT EVENTS / CAMP	YES NO	INSTRUCTION	YES NO
EVENT COVERAGE	YES NO		

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 WHICH MAY BE NECESSARY FOR THE PURPOSE OF BEING CONSIDERED STAFF OF THE OEC PROGRAM.

IN THE EVENT OF BEING CONSIDERED AS STAFF, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE.

I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH BY THE OEC PROGRAM AND INDEPENDENT SCHOOL DISTRICT 16.

SIGNATURE

DATE