

SCHOOL DISTRICT OF THREE LAKES
6930 W SCHOOL STREET
THREE LAKES, WISCONSIN 54562
High School Office(715) 546-3321
Elementary Office (715) 546-3323
Sugar Camp School (715) 272-1105

CERTIFIED PERSONNEL
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability/handicap, or any other legally protected status.

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
Street City, State, Zip Phone

PERMANENT ADDRESS _____
Street City, State, Zip Phone

DATE OF APPLICATION _____

GENERAL INFORMATION

1. Do you have the legal right to work in the United States? Yes No
If not, why? _____
2. Position for which you are applying _____
3. Are you under contract? _____ If so, explain. _____

4. Have you applied for a job with us before? Yes No
5. Have you ever been convicted of a crime except a minor traffic violation?
 Yes No. If so, state citation, date, court, and place where offense
occurred. _____
6. Have you ever been discharged or requested to resign from a position?
 Yes No. If yes, give circumstances _____

7. Date available for employment _____

EDUCATIONAL PREPARATION AND TRAINING

HIGH SCHOOL _____ LOCATION _____

COLLEGE OR UNIVERSITY EDUCATION (most recent first)

Name of School	No. of Years Completed	Degree	Grade Pt. Ave. Scale		Major(s)	Minor(s)

Number of Graduate Credits Beyond Bachelor's Degree _____

Number of Graduate Credits Beyond Master's Degree _____

PARTICIPATION IN EXTRA CURRICULAR ACTIVITIES

College _____

High School _____

CREDENTIALS: Can be obtained from _____
(College Placement Office or Agency)

Credentials listed under what name: _____
Last First Middle

PROFESSIONAL/EDUCATIONAL WORK EXPERIENCE

(List most recent first)

EXPERIENCE: Attach a sheet if more space is needed for professional experience.

Dates (Mo/Yr)		Location	Grade Level Or Subject	Position	Reason for Leaving
From	To				

REFERENCE: _____
Name Title Phone

Dates (Mo/Yr)		Location	Grade Level Or Subject	Position	Reason for Leaving
From	To				

REFERENCE: _____
Name Title Phone

Dates (Mo/Yr)		Location	Grade Level Or Subject	Position	Reason for Leaving
From	To				

REFERENCE: _____
Name Title Phone

OTHER WORK EXPERIENCE (List most recent first)

Dates (Mo/Yr)		Name of Organization	Location		Kind of Work	Reason for Leaving
From	To		City	State		

CERTIFICATION

AREAS OF CERTIFICATION

Grade/Subject	State Issuing License	Expires Mo/Yr	Wisconsin DPI Code Number

REFERENCES

Give names of three references who have first-hand knowledge of your character, personality and scholarship. Do not list relatives.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>OFFICIAL POSITION</u>
1.				
2.				
3.				

PERSONAL STATEMENT

Prepare a hand-written statement to include any experience or talent which in your estimation will contribute to your success in the position for which you are making application.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take a test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for thirty days from the date completed, after which time I would have to reapply in accordance with established district procedures.

Signature of Applicant

Date

NOTE: A complete transcript of all undergraduate and graduate college work and a current license must be placed on file in the district office at the time of employment. It is the responsibility of the applicant to supply this information upon request.

APPLICANT'S Disclosure & Consent RELEASE OF INFORMATION

APPLICANT INFORMATION (Please Print)

School District of Three Lakes

Account Number: 101101191

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No:*	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

NOTICE AND ACKNOWLEDGMENT [IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:

Signature: _____

Date: ____ / ____ / ____

Print Name: _____



Fax to (770) 984-8997