

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

GENERAL
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 _____ DATE OF APPLICATION _____

ADDRESS _____

PHONE (____) _____

POSITION FOR WHICH YOU ARE APPLYING _____

PREVIOUS WORK EXPERIENCE

EMPLOYER	ADDRESS	POSITION	HIRE DATE	DATE LEFT

FORMAL EDUCATION

NAME OF SCHOOL	CIRCLE LAST				INDICATE DIPLOMA, DEGREE OR NUMBER OF SEMESTER HOURS EARNED
	YEAR COMPLETED				
(High School)					
	9	10	11	12	
(Undergraduate Work)					
	1	2	3	4	
(Graduate Work)					
	5	6			

GENERAL INFORMATION

1. Do you have the legal right to work in the United States? ___Yes ___No
If not, why? _____

2. 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. _____

3. Have you ever been discharged or requested to resign from a position?
___Yes ___No. If yes, give circumstances _____

4. Have you applied for a job with us before? ___Yes ___No

5. Are you employed now? ___Yes ___No

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.

JOB APPLICANT AGREEMENT AND CERTIFICATION

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

