

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.

NAME: _____ DATE OF APPLICATION: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE: (_____) _____ EMAIL: _____

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? ____ YES ____ NO If yes, 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 yes, 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)

Name credentials are listed under: _____
Last First Middle

PROFESSIONAL/EDUCATIONAL WORK EXPERIENCE

(List most recent first.)

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

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

REFERENCE: _____ ()
Name Title Phone

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

REFERENCE: _____ ()
Name Title Phone

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

REFERENCE: _____ ()
Name Title Phone

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

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.

The Three Lakes School Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs or activities or employment considerations. The following staff are designated to receive inquiries regarding the non-discrimination policies: Justin Szews, HS Principal/Title IX Coordinator, 6930 W. School Street, Three Lakes, WI 54562, (715) 546-3321, jszews@threelakes.k12.wi.us or Kari Volk, Special Education Director/Section 504 Coordinator, 6930 W. School Street, Three Lakes, WI 54562, (715) 546-3323, kvolk@threelakes.k12.wi.us.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the School District of Three Lakes at any time after receipt of this authorization and throughout my employment, if applicable. 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 InfoMart, Inc., 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774, www.infomart-usa.com, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant Information (Please Print)

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

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 Number: *	City: State: Zip:
Driver's License Number.: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Applicant Name: (First Middle Last)	Account Number: 101-XXXXXX
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The School District of Three Lakes may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

These searches will be conducted by InfoMart, Inc., 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774, www.infomart-usa.com.

Signature: _____ Date: _____

Print Name: _____

Email or Fax ALL documents to:

mbrown@threelakesd.k12.wi.us

(715) 546-8125