

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

GENERAL
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: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

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 yes, 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 position with us before: ____YES ____NO

5. Are you currently employed? ____YES ____NO

4. Date available for employment: _____

FORMAL EDUCATION/TRAINING

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

PREVIOUS WORK EXPERIENCE

(List most recent first.)

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

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

REFERENCES

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

NAME ADDRESS PHONE OFFICIAL POSITION

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

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:	Email:
Date of Birth: * Place of Birth: (City, State, Country)	

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