SCHOOL DISTRICT OF EDGAR

APPLICATION FOR EMPLOYMENT

Position Applied for:

SECTION 1		PERSONAL DATA		
Applicant's Full Name:	Last	First		Middle
Home Phone Number:	Cell:	Email Address	s:	If not a U.S. Citizen, type of visa
Address:	Street	City	State	Zip code
Employment Acceptable:	FulltimePart-time	School YearTemp	porarySub	stitute
Date available for employn	ment:			
In what states have you res	ided since your 18 th birthday?		h/Year):	
State:		_ Approximate dates (Mont	:h/Year):	
State:		Approximate dates (Mont	h/Year):	
	round check, the district must		e having the sam	e name. For this reason, please
 Have you ever been co Have you ever been and Have you ever been ch Have you ever been co Have you ever been and Have you ever been ch Have you ever been co Have you ever been and Have you ever been ch Have you ever been dis Yes No Have you ever been the 	rested (even if no contest or an act of violence, it arged for an act of violence, invicted for an act of violence license ever been revoked? Scharged or separated from a part of violence of contest or contest	an a minor traffic violation? No No No harges dropped or pled dow charges dropped or pled dow cluding domestic violence ncluding domestic violence, including domestic violence yes No position with a school distri	? Yes No 27n) for a sex-rela 27n) with a sex-rela 27n) of a sex-rela 27n) for a drug-rel 27n) with a drug-rel 27n) with a drug-rel 27n yes No 28n Yes No	ated offense? Yes No ated offense? Yes No ated offense? Yes No elated offense? Yes No lated offense? Yes No
19. Have you ever been de	ctions placed on your teaching nied a teaching certificate any urrently pending anywhere ag	where? Yes No	Yes No	

NOTE: Because of the nature of this position, applicants with conviction records who are invited to an employment interview will be asked to discuss this information. A conviction record will not be used as criterion in making an employment decision unless the circumstances of the offense substantially relate to the circumstances of this position.

SECTION 2

EDUCATIONAL PREPARATION AND TRAINING

School	Name and Address	Course of Study		cle Last Completed	Year Graduated
HIGH SCHOOL OR GED	Name		1	2 3 4	
	City, State				
VOCATIONAL TECHNICAL	Name		1	2 3 4	
BUSINESS SCHOOL	City, State				
COLLEGE	Name		1	2 3 4	
	City, State				
	Name		1	2 3 4	
	City, State				
Additional related cours	ses/training other than studies listed	above:			
Certifications or Profes	sional Licenses:				
Certifications of Froies	Type	State	Expiration Date	Numb	er
	ing your previous experience will be ses. List present or most recent posi ence.				
Employer's Name:			Phone Numb	er:	
Address:			Job Title:		
City, State:			Supervisor:		
Reason for Leaving:			Dates Worke	d:	
Describe duties:					
Employer's Name:			Phone Numb	er:	
Address:			Job Title:		
City, State:			Supervisor:		
Reason for Leaving:			Dates Worke	d:	
Describe duties:					

Employer's Name:			Phone Number:
Address:			Job Title:
City, State:			Supervisor:
Reason for Leaving:			Dates Worked:
Describe duties:			
Employer's Name:			Phone Number:
Address:			Job Title:
City, State:			Supervisor:
Reason for Leaving:			Dates Worked:
Describe duties:			
	List any other emp	oyment not shown above on separate	sheet.
SECTION 4		REFERENCES	
Please list references (no	t relatives or supervisors) to cont	act who have knowledge of your qua	lifications.
Name	Title	Company/Address	Telephone
Name	Title	Company/Address	Telephone
Name	Title	Company/Address	Telephone
			elated to the position for which you are convection oven, network systems, software
your success in this posit	ion. Please mention volunteer w		erience or talent, which will contribute to tivities, community involvement, travel, ering your qualifications.

READ THE FOLLOWING CAREFULLY BEFORE SIGN	IING:
from any source regarding my education, experience, criminal by position for which I applied or in which I may be employed unhapplication is true, complete, and correct to the best of my know	cation for employment or during the course of my employment to obtain background, competence, character, or medical history, as it relates to the less otherwise stated below. I certify that the information contained in the wledge and belief. I understand that any falsification or omission of this application. I agree that all statements made in this application may
Signature	Date

The School District of Edgar is committed to equal employment opportunity in its personnel practices. Hiring and administration shall be conducted so as not to illegally discriminate against any applicant or employee on the basis of age, race, sex, religion, sexual orientation, disability, citizenship, marital status, pregnancy, national origin, creed, color, political affiliation, ancestry, arrest or conviction record, military service, use or nonuse of a lawful product off school premises during nonworking hours, declining to attend a meeting or to participate in any communication about religious matters or political matters, the authorized use of family or medical leave or worker's compensation benefits, genetic information, or any other reason prohibited by applicable law.

SCHOOL DISTRICT OF EDGAR 203 E. Birch Street P.O. Box 196 Edgar, WI 54426 (715) 352-2351 FAX (715) 352-3198