

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: If not a U.S. Citizen, type of visa:

Address: Street City State Zip code

Employment Acceptable: Fulltime _____ Part-time _____ School Year _____ Temporary _____ Substitute _____

Date available for employment:

In what states have you resided since your 18th birthday?

State: _____ Approximate dates (Month/Year): _____

State: _____ Approximate dates (Month/Year): _____

State: _____ Approximate dates (Month/Year): _____

State: _____ Approximate dates (Month/Year): _____

May we conduct a personal background check, including contacts of your reference names as well as present and previous employers and review other records related to this position? Yes ___ No ___ If no, please explain:

In order to conduct a background check, the district must distinguish between people having the same name. For this reason, please provide your **full middle name, date of birth and Social Security Number**.

1. Are you able to perform the tasks of the job for which you are applying? Yes No
2. Have you ever been convicted of an offense other than a minor traffic violation? Yes No
3. Have you ever been arrested for a felony? Yes No
4. Have you ever been charged with a felony? Yes No
5. Have you ever been convicted of a felony? Yes No
6. Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex-related offense? Yes No
7. Have you ever been charged (even if no contest or charges dropped or pled down) with a sex-related offense? Yes No
8. Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex-related offense? Yes No
9. Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug-related offense? Yes No
10. Have you ever been charged (even if no contest or charges dropped or pled down) with a drug-related offense? Yes No
11. Have you ever been convicted (even if no contest or charges dropped or pled down) of a drug-related offense? Yes No
12. Have you ever been arrested for an act of violence, including domestic violence? Yes No
13. Have you ever been charged for an act of violence, including domestic violence? Yes No
14. Have you ever been convicted for an act of violence, including domestic violence? Yes No
15. Has your professional license ever been revoked? Yes No
16. Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed arrangement? Yes No
17. Have you ever been the subject of an investigation by a school district or any other employer? Yes No
18. Have you ever had sanctions placed on your teaching certificate for any reason? Yes No
19. Have you ever been denied a teaching certificate anywhere? Yes No
20. Is disciplinary action currently pending anywhere against your certificate? 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	Circle Last Year Completed	Year Graduated
HIGH SCHOOL OR GED	Name		1 2 3 4	
	City, State			
VOCATIONAL TECHNICAL BUSINESS SCHOOL COLLEGE	Name		1 2 3 4	
	City, State			
	Name		1 2 3 4	
	City, State			

Additional related courses/training other than studies listed above:

Certifications or Professional Licenses:

Type	State	Expiration Date	Number

SECTION 3

PREVIOUS EXPERIENCE

The information regarding your previous experience will be carefully reviewed to determine your qualifications for this position. Be specific in your responses. List present or most recent position first, then next recent, etc. Include all part-time jobs, military experience, and educational experience.

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:	

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 employment not shown above on separate sheet.

SECTION 4

REFERENCES

Please list references (not relatives or supervisors) to contact who have knowledge of your qualifications.

Name	Title	Company/Address	Telephone
Name	Title	Company/Address	Telephone
Name	Title	Company/Address	Telephone

DESCRIBE YOUR SKILLS: List all office machines, heavy equipment, or other equipment related to the position for which you are applying that you are skilled in operating. (For example, personal computer, front-end loader, convection oven, network systems, software applications.)

PERSONAL STATEMENT/REMARKS: Prepare a hand written statement to include any experience or talent, which will contribute to your success in this position. Please mention volunteer work, life experiences, co-curricular activities, community involvement, travel, foreign language skills, coaching and any other experiences, which would be helpful in considering your qualifications.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I authorize the School District of Edgar at the time of my application for employment or during the course of my employment to obtain from any source regarding my education, experience, criminal background, competence, character, or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated below. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated.

Signature _____

Date _____

It is the policy of the Edgar School District that no person may be denied admission to any public school in this district or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, Career and Technical/Education, extracurricular, pupil service, recreational, or other program or activity because of the persons' sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap as required by s. 118.13, Wis. Stats. This policy also prohibits discrimination under related federal statues, including Title IX of the Educational Amendments of 1972 (sex), Title II, Title VI and Title VII of the Civil Rights Act of 1964 (race and national origin), Section 504 of the Rehabilitation Act of 1973 (handicap), and the Americans with Disabilities Act of 1990. This policy also prohibits harassment.

**SCHOOL DISTRICT OF EDGAR
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(715) 352-2351
FAX (715) 352-3198**