

**APPLICATION FOR EMPLOYMENT
SCHOOL DISTRICT OF PRINCETON**

School District of Princeton
604 Old Green Lake Road
P.O. Box 147
Princeton, WI 54968

"It is the policy of the Princeton School District, pursuant to applicable State and Federal law, along with exceptions and defenses as defined by law, that no person shall be subject to discrimination in employment on the basis of sex, sexual orientation, race, national origin, ancestry, color, age, creed, religion, pregnancy, marital or parental status, or physical, mental, emotional or learning disability, arrest or conviction record, membership in the national guard, state defense force or any reserve component of the military forces of the United States or this state or use or nonuse of lawful products off the employer's premises during nonworking hours, or any other reason prohibited by state or federal law."

POSITION APPLYING FOR: _____ DATE APPLICATION COMPLETED: _____

PERSONAL DATA

NAME: _____ PHONE: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(CITY) (STATE) (ZIP)

SOCIAL SECURITY NUMBER: _____

LIST DATE OF BIRTH: _____ (used for background check only)

HAVE YOU BEEN KNOWN BY A DIFFERENT NAME BY PREVIOUS EMPLOYERS, SCHOOLS, ETC.? YES NO

IF SO, INDICATE NAME: _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO

(Conviction will not necessarily disqualify an applicant from employment)

DO YOU HAVE ANY CRIMINAL CHARGES PENDING, OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO

IF YES, PLEASE EXPLAIN: _____

(NOTE: Pending criminal charges are not an automatic bar to employment, each case is considered on its merits.)

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE SCHOOL DISTRICT OF PRINCETON? YES NO

IF YES, INDICATE POSITION AND APPROXIMATE DATES: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DO YOU HAVE A CURRENT VALID DRIVER'S LICENSE? YES NO

EDUCATION

HIGH SCHOOL: _____ CITY: _____ STATE: _____

DID YOU GRADUATE? YES NO IF NOT, DO YOU HAVE A G.E.D.? YES NO

COLLEGE (UNDERGRADUATE): _____ DID YOU GRADUATE? YES NO

CITY: _____ STATE: _____ IF YES, DATE OF GRADUATION: _____

MAJOR(S): _____ IF NO, YEARS COMPLETED: _____

MINOR(S): _____

DATE LAST ATTENDED: _____

COLLEGE (UNDERGRADUATE): _____ DID YOU GRADUATE? YES NO

CITY: _____ STATE: _____ IF YES, DATE OF GRADUATION: _____
MAJOR(S): _____ IF NO, YEARS COMPLETED: _____
MINOR(S): _____ DATE LAST ATTENDED: _____

COLLEGE (UNDERGRADUATE): _____ DID YOU GRADUATE? YES NO

CITY: _____ STATE: _____ IF YES, DATE OF GRADUATION: _____
MAJOR(S): _____ IF NO, YEARS COMPLETED: _____
MINOR(S): _____ DATE LAST ATTENDED: _____

COLLEGE (UNDERGRADUATE): _____ DID YOU GRADUATE? YES NO

CITY: _____ STATE: _____ IF YES, DATE OF GRADUATION: _____
MAJOR(S): _____ IF NO, YEARS COMPLETED: _____
MINOR(S): _____ DATE LAST ATTENDED: _____

COLLEGE (GRADUATE): _____ MAJOR(S): _____
CITY: _____ STATE: _____ DID YOU GRADUATE? YES NO

DATES ATTENDED: FROM _____ TO _____

BUSINESS/TECHNICAL COLLEGE: _____

CITY: _____ STATE: _____

DID YOU RECEIVE A DIPLOMA/CERTIFICATE OF COMPLETION? YES NO

COURSE/PROGRAM: _____

DATES ATTENDED: FROM _____ TO _____

APPRENTICESHIP/OTHER TRAINING (EXPLAIN TYPE): _____

CITY: _____ STATE: _____

DATE OF COMPLETION: _____

PROFESSIONAL LICENSES/CERTIFICATES (INDICATE TYPE): _____

STATE: _____ EXPIRES ON: _____ REGISTRATION NO.: _____

STATE: _____ EXPIRES ON: _____ REGISTRATION NO.: _____

EMPLOYMENT EXPERIENCE

The availability of information regarding your work experience is very important in assessing your qualifications for this position. **IF THIS SECTION IS NOT FILLED IN, YOUR APPLICATION WILL NOT BE CONSIDERED.** Begin with current or most recent employer. For additional employers, use separate sheet.

CURRENT OR MOST RECENT EMPLOYER'S NAME: _____

AVERAGE HOURS WORKED PER WEEK: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____ HOME: _____
DATES EMPLOYED: FROM _____ TO _____ SALARY: _____

SUPERVISOR'S NAME AND TITLE: _____
YOUR JOB TITLE/DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____ HOME: _____
DATES EMPLOYED: FROM _____ TO _____ SALARY: _____

SUPERVISOR'S NAME AND TITLE: _____
YOUR JOB TITLE/DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____ HOME: _____
DATES EMPLOYED: FROM _____ TO _____ SALARY: _____

SUPERVISOR'S NAME AND TITLE: _____
YOUR JOB TITLE/DUTIES: _____

REASON FOR LEAVING: _____

HAVE YOU EVER BEEN SUSPENDED OR DISCHARGED FROM ANY POSITION YES NO

IF YES, INDICATE EMPLOYER(S) AND EXPLAIN: _____

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING

I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief. I understand that if in the judgment of the School District of Princeton, any information has been misrepresented, falsified or omitted, any offer of employment may be withdrawn or any employment terminated without liability on the part of the School District.

Applicant Signature: _____ Date _____

School District of Princeton Applicant Authorization for Release of Information

I authorize any pertinent company, school, agency, municipality or person to disclose to the School District of Princeton any information regarding my employment, character, experience and qualifications and/or suitability for employment with the School District of Princeton for the purpose of considering my suitability for hire. I understand that the School District may rely on the information which I have authorized to be disclosed in making employment decisions. I knowingly and voluntarily release from liability and agree that I will not sue the School District of Princeton or any company, school, agency, municipality or person for any outcome arising out of or resulting from providing, obtaining, or acting upon this information. I understand that this information is

sought with confidentiality and will not be released to me in any form whatsoever. In addition a copy of this authorization is as valid as the original and should be recognized as such.

Applicant Signature _____ Date _____