

ALMOND-BANCROFT SCHOOL DISTRICT

1336 ELM STREET ALMOND, WI 54909 (715)366-2941 (715)366-2940 Fax

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL INFORMATION.

ALL PERTINENT PORTIONS OF THIS APPLICATION MUST BE COMPLETED. ADDITIONAL SHEETS SHOULD BE ATTACHED WHERE NECESSARY TO PROVIDE A COMPLETE ANSWER TO ANY QUESTIONS.

Date: _____

PERSONAL DATA

Last Name	First Name	Middle
Present Address-Number, Street, City, State, Zip Code		Home Phone (Include Area Code)
Mailing Address (If different from above)		Cell Phone (Include Area Code)
Email Address (Please list only if checked on a regular basis)		

Application for Position of	Date Available
What source caused you to make an application for employment with us?	
What hours are you NOT available to work?	What days are you NOT available to work?
Are you currently employed?	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list present employer:	
Type of Employment Preferred (Check more than one box if desired) <input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Substitute Full Time <input type="checkbox"/> Substitute Part Time	
If you are applying to substitute teach, mark your preferences below: <input type="checkbox"/> K-12 <input type="checkbox"/> K-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> Other _____ <input type="checkbox"/> I will accept early a.m. calls <input type="checkbox"/> I prefer not to accept early a.m. calls	

1. Do you have any convictions or pending violations of the law other than minor traffic violations?..... Yes No
If yes, please explain _____
2. Do you have a valid driver's license?..... Yes No
3. Are you over age 18? Yes No
If under 18, can you submit a work permit following hire?..... Yes No
Can you show proof of age?..... Yes No
4. Are you a U.S. citizen, or do you have an entry permit which allows you to work? Yes No
5. Have you lived or worked outside the State of Wisconsin in the past 10 years? Yes No
6. Have you been employed by the District before? Yes No
If so, in what position and when? _____
7. Have you ever used another name?..... Yes No
If yes, list name and date of name change. _____
8. Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education records?..... Yes No
If yes, please explain. _____
9. Are you now, or have you ever been, bonded? Yes No
If yes, with what employer(s). _____
10. Do you believe yourself to be eligible for affirmative action? Yes No

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12												Do you have a High School Diploma or a GED Equivalency? Yes No		List Name and Location of High School:											
TRAINING BEYOND HIGH SCHOOL (College/University, Nursing, Business College, other schools you have attended.) Under credits earned, indicate Q-Quarter Hours and S-Semester Hours														Circle the number of years in College/University: 1 2 3 4 5 6 7 8 9 10 11 12											
Name and Location				Dates Attended From To		Credits Earned		Major Field				GPA/Base		Degree and Year Conferred											
List Certifications/Licenses																									
Describe below any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also list any organizations you belong to (or have belonged to) and any job-related honors or awards you have received:																									

WORK EXPERIENCE

Provide a complete description. This information will be used to determine if your application is accepted. Be specific. Start with your most recent job. Be certain to include service in the armed forces. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position. You may also attach additional information.

Employer			Kind of Business			City, State, Zip Code					
Your Title			Reason for Leaving			Name of Supervisor					
Your Duties						Total Time			Circle One: Full-Time Part-Time		
						From (Month & Year)			To (Month & Year)		
						Circle One: Monthly Salary Hourly Salary			Beginning Amt.: \$ Ending Amt.: \$		
Employer			Kind of Business			City, State, Zip Code					
Your Title			Reason for Leaving			Name of Supervisor					
Your Duties						Total Time			Circle One: Full-Time Part-Time		
						From (Month & Year)			To (Month & Year)		
						Circle One: Monthly Salary Hourly Salary			Beginning Amt.: \$ Ending Amt.: \$		
Employer			Kind of Business			City, State, Zip Code					
Your Title			Reason for Leaving			Name of Supervisor					
Your Duties						Total Time			Circle One: Full-Time Part-Time		

	From (Month & Year)	To (Month & Year)
	Circle One: Monthly Salary Hourly Salary	Beginning Amt.: \$ Ending Amt.: \$

REFERENCES

Name		Address	
Telephone Numbers		Years Acquainted	Relationship
Name		Address	
Telephone Numbers		Years Acquainted	Relationship
Name		Address	
Telephone Numbers		Years Acquainted	Relationship

I HEARBY PROVIDE THE ALMOND-BANCROFT SCHOOL DISTRICT WITH THE FOLLOWING INFORMATION AND PERMISSION TO RELEASE SAID INFORMATION IN ORDER FOR THE DISTRICT TO COMPLETE A CRIMINAL BCKGROUND INFORMATION CHECK. I understand that this information will be used to conduct a criminal background check only. It will not have any other use by the Almond-Bancroft School District.

Last Name	First Name	Middle
Date of Birth	Gender	Race

I certify that the answers given are true, correct, and complete. I understand that any misleading or incorrect statements may render this application void. I agree that if employed, any misstatement or omission may result in my dismissal. I further agree that the District shall not be held liable in any respect if my employment is terminated because of such misstatements or admissions.

I authorize the above-designated employers, school, or persons to release or provide any information requested by the Almond-Bancroft Public Schools regarding my education, prior employment, character, work experience, and qualifications. I also release and discharge the above-designated employers, schools, persons, and the Almond-Bancroft Public Schools from all liability for any damages arising as a result of the release or exchange of this information. Further, I understand that a copy of this authorization is as valid as the original and should be recognized as such.

I understand and agree that acceptance of an offer of employment does not create a contractual obligation upon the Almond-Bancroft Public Schools to continue to employ me in the future. I further understand and agree that any offer of employment or, if hired, my continued employment may be conditioned upon the results of a physical examination. In addition, I agree and understand that in the event I am hired, I will be subject to all rules and policies of the Almond-Bancroft Public Schools and will be accepting the conditions of employment as they currently exist and as they may subsequently be altered by the District.

Signature

Date



In accordance with the State and Federal Laws, Almond-Bancroft Public Schools does not discriminate on the basis of age, race, creed, color, religion, sex, sexual orientation, handicap, marital status, national origin, ancestry, arrest record, conviction record, or membership in the national guard, state defense force, or any other reserve component of the military forces of the United States or the State of Wisconsin. In certain circumstances, the District may be required by law to that affirmative action to employ certain protected groups, minorities otherwise qualified handicapped individuals, and Vietnam-era and disabled veterans.