## SCHOOL DISTRICT OF CADOTT COMMUNITY 426 MYRTLE STREET

CADOTT, WI 54727

Phone: (715) 289-3795 Fax: (715) 289-3748

# APPLICATION FOR EMPLOYMENT

The School District of Cadott Community does not discriminate in employment on the basis of race, re ligion, national origin, sex, age, marital status, disability, sexual orientation, arrest or conviction record, or any other legally protected status.

PERSONAL INFORM			
Date:		-	
Name:	Last	First	Middle
Present Address:		1000	in white
reson radioss.	Street	City	State/Zip
Permanent Address:	Street	City	State/Zip
Telephone (Home)			State/Zip
Fax:		E-mail	
criminal records check,	appropriate certification, p	on proof of eligibility to work in this co passing of physical and other condition	
Applications for positio	: (Check all that apply): ms will only be accepted wh ute positions will be accepted	en a vacancy is posted. We do not kee ed at any time.	ep applications on file.
[] Teacher	[] Teacher Aide	[] Substitute Teacher	[] Bus Driver / Sub
[] Secretary/Clerical	[] Kitchen Help/Cook	[] Janitorial	[] Coach
Specify which posted po	osition you are applying for	:	
EDUCATIONAL HIS	TORY:		
HIGH SCHOOL:			
Name:		Location:	Diploma (Y/N):
POST SECONDARY	:		
Name:		Location:	Diploma (Y/N):
Major:		_ Minor:	
Name:		Location:	Diploma (Y/N):
Maior:		_ Minor:	

STUDENT TEACHING: (for teache	r applicants only)	
School Name:	Location:	Grade(s):
Coop Teacher:	Phone:	Date:
School Name:	Location:	Grade(s):
Coop Teacher:	Phone:	Date:
WORK EXPERIENCE: (most recen	nt first)	
Position:	Employer:	Address:
Phone:	Supervisor:	Employment Date:
Reason for Leaving:		
Position:	Employer:	Address:
Phone:	Supervisor:	Employment Date:
Reason for Leaving:		
Position:	Employer:	Address:
Phone:	Supervisor:	Employment Date:
Reason for Leaving:		
	(List additional relevant employment on page	e 3 of application)
REFERENCES:	Commony/Sahaali	Dhorrow
Name:		Phone:
Position:		
Relationship to Applicant:		
Name:	Company/School:	Phone:
Position:	Address:	
Relationship to Applicant:		
Name:	Company/School:	Phone:
	Address:	
CERTIFICATION:		

Area of Certification	Grade	State Issuing License	Expires Month / Year	Wisconsin DPI Code Number

Number of Graduate Credits Beyond Bachelor's Degree

Number of Graduate Credits Beyond Master's Degree

## OTHER QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS: Check Skills/Equipment Operated

Computer Calculator	Production/Mobile Machinery (List):	Other (List):
Fax		
Typewriter Internet		
CDL License		

### ADDITIONAL INFORMATION:

State any additional information you feel may be helpful to us in considering your application.

#### **BACKGROUND INFORMATION:**

Are you currently employed? Is your current employer aware of your application for another job? Have you ever been disciplined, dismissed, asked to resign, or reassigned?	Yes Yes	No No	NA
from employment based in whole, or in part, because of job related performance factors or immoral conduct? If yes, please provide an explanation below:	Yes	No	
Have you ever been convicted of a felony or misdemeanor? If yes, please provide an explanation below:	Yes	No	
(A conviction will not be an automatic bar to employment and will be cons	idered only as it relates to	the job being appl	iedfor)
Have you ever paid a civil forfeiture or fine for a non-traffic related offense (including municipal court violations)? If yes, please provide an explanation below:	? Yes	No	
(Payment of a fine will not be automatic bar to employment and will be cor	nsidered only as it relates	to the job being ap	plied for)

### PERSONAL STATEMENT:

Tell how you would contribute to this being one of the best school districts in Wisconsin.

## **AUTHORIZATION**

I authorize investigation of all statements contained in this application or made by me during the hiring process. I understand that misrepresentation or omission of facts called for is caused for dismissal. The School District of Cadott Community and its employees shall not be held liable if I am denied employment, or terminated following employment, if it is verified that I provided false statements and/or omitted substantive information.

Date:\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

I voluntarily grant the School District of Cadott Community the right to investigate statements I have made in this application, as well as other job-related information, activities and reference. I also authorize any current or former employer, persona, firm, corporation, school or government agency to disclose to the School District of Cadott Community any information they may have regarding me. I release the School District of Cadott Community, and providers of information, from liability and for any damages, which may result from the furnishing of this information.

Date: \_\_\_\_\_ A

Applicant's Signature: