

Chetek-Weyerhaeuser Area School District

1001 Knapp Street P.O. Box 6 Chetek, WI 54728 (715) 924-2226

AN EQUAL OPPORTUNITY EMPLOYER

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability/handicap, or any other legally protected status.

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Name	FIRST		MIDDLE		
Present Address					
STREET	CITY	STATE	ZIP	TELEPHONE	
Permanent Address STREET					
STREET	CITY	STATE	ZIP	TELEPHONE	
Currently Under Contract:					
If yes, explain:					
18	-7.00				
Position Applied For		Date Available	e		
Present Position					
	THE COST				
GENERAL INFORMATION					
Do you have the legal right to work in	n the United States?				
If not, why?					
Have you applied for a job with us be	fore?				
Have you ever been interviewed for a	position with us:				
If yes, month and year:	Interview	ed by:			
Have you ever been dismissed, asked	to resign, or non-renewed?				
If yes, state where and state reasons:					

EDUCATION and Certifications (Chronologically, most recent first)

NAME AND LOCATION OF SCHOOL	MAJOR (S)	CREDITS EARNED	MINOR (S)	GPA	DEGREE AND DATE GRANTED	
Number of Graduate Credits Be	yond Degree					
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NAME	POSI	ΓΙΟΝ	ADDRESS		PHONE	
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Prepare a statement to include any experience or talent, which in your estimation will contribute to your success in the position for which you are making application.

TRAINING OR EXPERIENCE IN SPECIFIC AREAS Below, list areas in which you have documented training and/or experience. Training is defined as having formal academic course work, workshops, and/or in-service in the area.
CO-CURRICULAR ACTIVITIES Please discuss any co-curricular activities that you have facilitated or that you would be interested in facilitating.
Do you have any pending criminal charges or have you ever pled guilty to or been convicted of a misdemeanor or
felony? If so, state citation, date, court and place where offense occurred.

Conviction of a crime or arrest is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying.

JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules, which are issued, are not conditions of employment and that the Chetek-Weyerhaeuser Area School District may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for thirty days from the date completed, after which time I would have to reapply in accordance with established company procedures.

SIGNATURE OF APPLICANT (By typing your name above, you are electroncially signing the document)	DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of	of the			
4 4 . 1	41 61		ploying Agency	1.0
or other authorized representative any Municipal, State or Federal I employment.				
Full name:				
Last Fir Address:		Middle		
Driver License No State No	umber	1	<u></u>	
Social Security:		(Cannot	complete accurate backgr	round without this.)
Date of Birth:				
Month	Day	Year		
This release is executed to author	rize	Employing Ag	encv	as a
prospective employer, to obtain to be used only in consideration of purpose.		information. It is	s understood that sa	
		ture – Full Name ping your name abo	ve, you are electroncial	ly signing the document)
	Addre	ess – Street and Num	ber	
	<i>City</i>		State	Zip