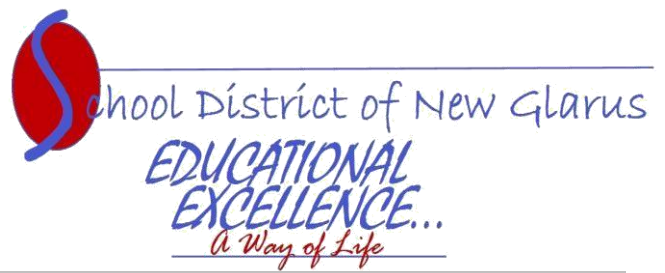


SCHOOL DISTRICT OF NEW GLARUS

1701 Second Street, P.O. Box 7, New Glarus, WI 53574-0007
 ph – 608-527-2410, fax – 608-527-5101, www.ngsd.k12.wi.us



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
College	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
Other	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company <input type="checkbox"/>		Phone <input type="checkbox"/> ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company <input type="checkbox"/>		Phone <input type="checkbox"/> ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release all liability or legal claim of every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that a criminal background check will be conducted and that any offer of employment will be contingent on the satisfactory outcome of this search.

I understand that I may be required to submit to a medical examination if offered a position conditioned as such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand this application will be considered inactive after one year.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant's Name (print or type)

Applicant's Signature

Date

(It is the policy of the School District of New Glarus to provide equal employment opportunities to all qualified persons without regard to age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, membership in the national guard, state defense force, or any other reserve component of the military forces of the United States or this state or use or nonuse of lawful products of the employers' premises during nonworking hours.)