

Washington Caldwell School District

8937 Big Bend Road Waterford WI 53185
Phone 262.662.3466 Fax 262.662.9888

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

FOR OFFICIAL USE ONLY

Agency Authorized Signature	Date	Class Code	Status
POSITION APPLIED FOR			
Agency:			
Title:			
Position Number:		Date Available:	
Minimum Acceptable Salary:			

GENERAL INSTRUCTIONS

- Type or print in ink this application in its entirety
- Specify the position for which you are applying. **(Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)**
- Submit your application to the office announcing the vacancy no later than the close of business on the announced deadline date.
- Sign your name in the Certification Section (page 3). All Information you submit is subject to verification.
- Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the employment process.

HOW DO WE CONTACT YOU?

Your Name			
Social Security Number			
Your Mailing Address			
City	County	State	Zip Code
Home Phone		Business Phone	

EDUCATION

HIGH SCHOOL:

NAME/LOCATION OF SCHOOL

RECEIVED: Diploma Other (specify) None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information.**

1 Name of Present or Last Employer: _____

Address: _____ Phone No. (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Phone No. (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Present or Last Employer: _____

Address: _____ Phone No. (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Name of Present or Last Employer: _____

Address: _____ Phone No. (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe **relevant to the position you seek**, such as operating heavy equipment, computer skills, fluency in language(s), etc.

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR?

Yes No

If "YES," what charges? _____
Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

Yes No

If "YES," what charges? _____
Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

Yes No

If "YES," what charges? _____
Where convicted? _____ Date of Conviction: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

The State of Wisconsin hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

Yes No

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?

Yes No

CERTIFICATION:

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Wisconsin state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: _____

DATE: _____