

**School District of Spencer 715-659-5347**

**APPLICATION FOR EMPLOYMENT**

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

The School District of Spencer does not discriminate on the basis of sex, race, color, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, includes physical, mental, emotional, or learning disability, arrest or conviction record, except when substantially related to the circumstances of the job.

Position Applied For:  
\_\_\_\_\_

Name \_\_\_\_\_  
                     Last                                      First                                      Middle

Phone No. \_\_\_\_\_

Email \_\_\_\_\_

Present Address

\_\_\_\_\_

No.                                      Street                                      City                                      State                                      Zip

Are you over 18 years of age? \_\_\_\_\_

Do you want to work \_\_\_\_\_ full-time or \_\_\_\_\_ part-time? If part-time, specify days and hours:

\_\_\_\_\_

\_\_\_\_\_

If you have a military reserve status, provide number of active duty days per year \_\_\_\_\_

**EMPLOYMENT HISTORY (last three years)**

Employer Name & City, State	Dates Employed	Position & Wage/Salary	Supervisor and reason for leaving

Applications will be kept on file for 6 months after position has been filled. Would you like to be considered for other openings at Spencer Public School that we feel you may be suitable for? \_\_\_\_\_ (yes/no)

EDUCATION	Circle last year completed				Graduated (Y/N)	Degree if applicable	Major(s)/Minor
	9	10	11	12			
High School							
Post-Secondary	1	2	3	4			
Other							
Additional schooling or training not covered above							

**PERSONAL REFERENCES (excluding former employers or relatives)**

Name	Address	Telephone Number

Applicant please use the space provided below for additional comments you wish to make regarding your employment desires and/or qualifications, etc.

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**APPLICANT PLEASE READ:**

I certify that all statements on this application are complete and correct to the best of my knowledge and I understand that any false information may be cause for rejection of my application for employment or discharge from my employment.

I further agree to submit to random drug and/or alcohol testing either prior to, or at any time during my employment per company policy.

I understand that a background check will need to be performed prior to my employment and for that reason I may be asked to provide my full legal name, former Aliases, Gender, Race, Date of Birth, and/or Social Security Number.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Mail or Return Application to: Spencer Public Schools, Attn: District Office, 300 N School St, Spencer WI 54479**