

School District of Spencer 715-659-5347

APPLICATION FOR EMPLOYMENT

Date: _____

Position Applied For:

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.

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:

Candidates seeking accommodations during an interview are encouraged to indicate such at the time they are contacted to interview.

EMPLOYMENT HISTORY (last five 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
High School	9 10 11 12			
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.

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: School District of Spencer, Attn: District Office, 300 N School St, Spencer WI 54479