

**SHEBOYGAN AREA SCHOOL DISTRICT**

Department of Human Resources

Date of Application _____

3330 Stahl Road

Sheboygan, WI 53081 zparnitzke@sasd.net

APPLICATION FOR CLASSIFIED EMPLOYMENT

GENERAL	Applicant's Name _____		
	First	MI	Last
	Address _____		
	Street	City	State Zip
	Phone Number _____ Email Address _____		
	Position(s) applying for _____		
EDUCATION	How did you learn of this opportunity? _____		
	If you were referred, provide the employee's name here (list one): _____		
	Do you hold a high school diploma or equivalent? _____		
	Vocational/College Attended _____		
	Name of School	City	State
	Describe the types of courses and/or degree and the number of credits earned: _____		
EMPLOYMENT	List any relevant skills or experience you have related to the position for which you are applying (computer skills, cleaning, painting, food preparation, childcare, etc...). _____		
	List in chronological order, beginning with your most recent employment.		
	Employer and Contact Person	Type of Work	Dates of Employment
REFERENCES	Personal References:		

	Name	Phone	Relationship

	Name	Phone	Relationship

Name Phone Relationship			

The Sheboygan Area School District does not discriminate on the basis of age, handicap, marital or parental status, national origin, race, pregnancy, religion, sex or sexual orientation.

OVER

revised: 10/2024 smp

Release of Information Waiver

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, medical records and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Sheboygan Area School District and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Police Chief or Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

If you are offered and accept the offer of employment with the Sheboygan Area School District, you will be scheduled for a pre-employment drug test and physical assessment with an occupational health representative. The drug test will determine drug use during the last 90 days. Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, any supplement to it, or a positive drug test will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Applicant Signature

Date

COMPLETED FORM CAN BE EMAILED TO ZPARNITZKE@SASD.NET