

# Johnson Creek School District



PO Box 39  
Johnson Creek, WI 53038-0039

## APPLICATION FOR EMPLOYMENT (NON-INSTRUCTIONAL)

### Contact Information:

Date:

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Phone:

Home

Cell

Email:

Are you legally eligible for employment in the U.S.?

Yes

No

Position(s) applying for:

Were you previously employed by us?: Yes

No

If yes, when?

If your application is considered favorably, on what date will you be available for work?

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

### Educational and Professional Training

Do you have a high school diploma or GED equivalent? Yes

No

High School:

Address:

Street

City

State

Zip

Dates attended:

From

—

To

### Educational and Professional Training (Continued)

College or University: Major:

Location: Degree Earned:  
City State

Dates attended: —  
From To

---

---

College or University: Major:

Location: Degree Earned:  
City State

Dates attended: —  
From To

---

---

### Work History

*List below present and past employment, beginning with your most recent.*

Employer:

Dates Employed: Full time employee  
Part time employee  
*From: To:*

Address: Street City State Zip

Name of Supervisor: Supervisor Phone Number:

Your Job Title: Weekly Starting Salary: Weekly Ending Salary:

Describe the work you did:

Reason for leaving:

**Work History (Continued)**

Employer:

Dates Employed:

*From:*

*To:*

Full time employee

Part time employee

Address:

Street

City

State

Zip

Name of Supervisor:

Supervisor Phone Number:

Your Job Title:

Weekly Starting Salary:

Weekly Ending Salary:

Describe the work you did:

Reason for leaving:

---

---

Employer:

Dates Employed:

*From:*

*To:*

Full time employee

Part time employee

Address:

Street

City

State

Zip

Name of Supervisor:

Supervisor Phone Number:

Your Job Title:

Weekly Starting Salary:

Weekly Ending Salary:

Describe the work you did:

Reason for leaving:

**Work History (Continued)**

Employer:

Dates Employed:

*From:*

*To:*

Full time employee

Part time employee

Address:

Street

City

State

Zip

Name of Supervisor:

Supervisor Phone Number:

Your Job Title:

Weekly Starting Salary:

Weekly Ending Salary:

Describe the work you did:

Reason for leaving:

---

---

If there are particular employers you do not wish us to contact, please indicate:

I hereby give permission to contact the employers listed concerning my prior work experience.

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

**References**

Name:

Title:

Occupation:

Phone Number:

Address:

Street

City

State

Zip

---

---

Name:

Title:

Occupation:

Phone Number:

Address:

Street

City

State

Zip

---

---

Name:

Title:

Occupation:

Phone Number:

Address:

Street

City

State

Zip

***PLEASE READ AND SIGN BELOW***

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. No one other than the Board of Education or their designee of this school district has any authority to enter into any agreement for employment for any specified period of time.

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

## Permission to Complete a Background Check

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Phone:

Home

Cell

Race:

American Indian or Alaskan Native

Asian or Pacific Islander

Black

White

Gender:

Male

Female

I, the undersigned, give the School District of Johnson Creek permission to do a background check.

Social Security Number:

Date of Birth (mm/dd/yy):

Driver's License Number:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The School District of Johnson Creek does not discriminate on the basis of sex, race, color, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, physical, mental, emotional or learning disability, or handicapping condition.