

**LANCASTER COMMUNITY SCHOOLS**  
**925 West Maple Street**  
**Lancaster, WI 53813**

**EMPLOYMENT APPLICATION**

**Personal**

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

Street Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Alternate telephone number (\_\_\_\_) \_\_\_\_\_

Position applied for \_\_\_\_\_

**Availability**

Date available to begin work \_\_\_\_\_

Type of employment desired \_\_\_\_\_ Full time \_\_\_\_\_ Part time, hours/week \_\_\_\_\_

**Employment History**

List all previous employers, starting with your current and most recent employer. Include short-term jobs and military service. If you need additional space, please continue on a separate sheet of paper.

Employer	Telephone:	Dates employed (month/year) From: _____ To: _____
Address	Job Title	Wage/salary Starting \$ _____ per _____
Immediate Supervisor and title:	Summarize the nature of work performed and job responsibilities:	Ending/Current \$ _____ per _____
If no longer employed, reason for leaving:		
If currently employed, reason for wanting to leave:		
May we contact for reference? _____ Yes _____ No If no, why not?		

Employer	Telephone:	Dates employed (month/year) From: _____ To: _____  Wage/salary Starting \$ _____ per _____  Ending/Current \$ _____ per _____
Address		
Job Title		
Immediate Supervisor and title:		
Summarize the nature of work performed and job responsibilities:		
If no longer employed, reason for leaving:		
If currently employed, reason for wanting to leave:		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, why not?		

Employer	Telephone:	Dates employed (month/year) From: _____ To: _____  Wage/salary Starting \$ _____ per _____  Ending/Current \$ _____ per _____
Address		
Job Title		
Immediate Supervisor and title:		
Summarize the nature of work performed and job responsibilities:		
If no longer employed, reason for leaving:		
If currently employed, reason for wanting to leave:		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, why not?		

If you have ever worked under another name, state name: \_\_\_\_\_

### Education

Names and locations of school attended	Number of Years attended	Major field of study or degree	Did you graduate?
High School _____	_____	_____	_____
College/University _____	_____	_____	_____
Technical School _____	_____	_____	_____
Other (specify) _____	_____	_____	_____

List any other education, special training or courses completed, or academic honors received. \_\_\_\_\_

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## General

Have you ever been convicted of a crime?      \_\_\_No \_\_\_Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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*Note: A conviction will not necessarily bar you from employment, but will be considered in connection with the requirements of the position.*

Do you have any disabilities which might affect your ability to perform effectively in the position for which you are applying? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what accommodations can the school provide to assist you?

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## References

Include business, work or school references who are not related to you.

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone( \_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone( \_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone( \_\_\_\_ ) \_\_\_\_\_

**AUTHORIZATION, RELEASE AND CERTIFICATION**

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the Lancaster Community School District to seek or verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original and may be relied upon by all persons providing information.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I also authorize the companies, schools, or persons I have worked with to give any information, transcript, records, or documents requested regarding my work experience, educational background, conviction record, character or qualifications, personal or otherwise. I hereby, release said companies, schools, or persons from all liability for any damages that may result from furnishing this information to the Lancaster Community School District.

I hereby authorize Lancaster Community School District to conduct a personal investigation in connection with my application for employment including a criminal records check.

I understand this application and authorization shall continue in full force and effective until terminated by me in writing.

I further understand that confidential reference reports obtained in connection with my application will not be made available to me.

I certify I have read (or have had read to me) and understand this authorization, release and certification.

Dated: \_\_\_\_\_

Applicant's Name (print or type) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

*An incomplete application will not be considered.*