

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. _____

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. _____

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?

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.