SCHOOL DISTRICT OF CRIVITZ NON-CERTIFIED EMPLOYMENT APPLICATION

SEND COMPLETED FORM TO: DISTRICT OFFICE 400 SOUTH AVENUE CRIVITZ, WI 54114

Position Applied For: Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted. PLEASE TYPE OR PRINT LEGIBLY IN INK First Name _____ M. I. Home Phone () Work Phone () City, State, Zip ____ EMAIL ADDRESS (REQUIRED) Mailing Address (If different from above):_____ Have you ever been employed here before? If so, give dates from: to: Reason for leaving (use additional paper if necessary): THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO" GIVE DETAILS IN SPACE BELOW Are you eligible to work in the United States? Yes 🗆 No 🗆 Have you ever been dismissed from employment for cause? Yes 🗆 No □ If so, explain and state which jobs below. Have you ever been convicted of an offense against the law (including military offenses), are you now under charges of Yes \square No 🗆 any offense against the law? If your answer is "Yes," give details below, Show: date, charge, place, court and disposition. NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

The Crivitz School District has a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the District's policy to maintain a work place free from drug and/or alcohol misuse and abuse. Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. **Your signature on this form is your consent to the drug test.**

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

EMPLOYMENT HISTORY

Describe your employment history in detail under the headings below, starting with your present or last employer and list in reverse order. Indicate the nature of the work personally performed by you. If two or more positions were held during the same period of time, show the proportion of time spent at each. If your title and duties changed materially in the course of your service in any one organization indicate such changes clearly and as separate employments.

PRESENT OR LAST EMPLOYER								
			()					
Name of Employer		Phone						
Address		City	State	Zip				
Dates of Employment: From (Mo/Yr)	Title of Position		Name and Title of Supervisor					
To (Mo/Yr)	Description of Duties, Responsibilities, and Significant Accomplishments							
Salary: Starting								
Ending								
No. of Hours Worked Weekly:								
	Reason for Leaving							
		PRIOR EMPLO	OYER					
Name of Employer		() Phone						
			9					
Address Dates of Employment: From (Mo/Yr)	Title of Position	City	State Name and Title of Supervisor	Zip				
To (Mo/Yr)	Description of Duties, Responsib	pilities, and Significant Acco	mplishments					
Salary: Starting								
Ending								
No. of Hours								
No. of Hours Worked Weekly:	Descen for Leaving							
	Reason for Leaving							

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Name of Employer				_() Phone			
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From (Mo/Yr)	Title of Fosition		142	ime and Title of	Super visor		
To (Mo/Yr)	Description of Duties, Respo	onsibilities, and Significan	at Accomplishn	nents			
Salary: Starting							
Ending							
No. of Hours							
Worked Weekly:	Reason for Leaving						
		EDUCA	TION				
Indicate Last Grade Completed	Name and Address of High S	Name and Address of High School Last Attended			Date of Graduation or G.E.D. Awarded		
Name of College Business or Technical Schools Attended	Address		Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects	
If you have any addition	nal education or experience, or have	e taken SPECIAL COURS	SES, list these	below. Please ir	nclude: Where a	acquired and the total num	nber of
	he employment opportunity for whick	ch you are applying? urrent Employer ☐ Job P	Posting	Professional J	Journal 🗆	Other	
For equal opportunity	purposes, we are requesting the follor requirements and for test validation	owing information. This i	information is	optional and will		o comply with Federal Eq	ual
	_	sian (Pacific Islander)			ative American		
Male 🗆	Other (specify)						
I certify that all statem make any misstatemen Regulations.	ents made by me on this application ts or omissions of fact, I am subject	are true, complete and co to disqualification or disr	orrect to the bes	st of my knowled uch other penalti	lge and belief. es prescribed by	I understand and agree the y law or Civil Service Rul	at if I es and
	Crivitz School District or its duly aut perate in such investigation, and rele						
Date	S	ignature					