



SHEBOYGAN AREA SCHOOL DISTRICT
 Department of Human Resources
 3330 Stahl Road
 Sheboygan, WI 53081

Date of Application _____

APPLICATION FOR CLASSIFIED EMPLOYMENT

| GENERAL | Applicant's Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First MI Last </div> Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Street City State Zip </div> Phone Number _____ Email address _____ Position(s) applying for: _____ Did a current employee refer you? If yes, what is their name? _____ | | | | | | | | | | | | | | | |
|--|---|--|--------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| EDUCATION | Do you hold a high school diploma or equivalent? _____ Vocational/College Attended _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Name of School City State </div> Describe the type of courses and/or degree and the number of credits earned: _____ _____ List the types of skills you possess for the position for which you are applying (computer skills, cleaning, painting, food preparation, childcare, etc.). _____ _____ | | | | | | | | | | | | | | | |
| EMPLOYMENT | List in chronological order, beginning with most recent job. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;">Name of Employer with a Contact Person</th> <th style="width: 20%;">Type of Work</th> <th style="width: 40%;">Dates Employed (Months/Years)</th> </tr> </thead> <tbody> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> </tbody> </table> | Name of Employer with a Contact Person | Type of Work | Dates Employed (Months/Years) | | | | | | | | | | | | |
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| REFERENCES | Personal References: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Name Phone Relationship </div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Name Phone Relationship </div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Name Phone Relationship </div> | | | | | | | | | | | | | | | |

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

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.

Signature of Applicant

Date