MINOCQUA JOINT SCHOOL DISTRICT NO. 1 TOWNS OF MINOCQUA, HAZELHURST AND LAKE TOMAHAWK 7450 TITUS DRIVE MINOCQUA, WI 54548

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. (PLEASE PRINT) Position(s) applied for: Date of Application How Did You Learn About Us? ☐ Advertisement ☐ Friend □ Walk-In ☐ Employment Agency ☐ Relative ☐ Other _____ Middle Name First Name Last Name Address Number City Social Security Number Telephone Number(s) If you are under 18 years of age, can you provide required proof of your eligibility to work? O No Have you ever filed an application with us before? ☐ Yes O No If Yes, give date: ☐ Yes O No Have you ever been employed with us before? If Yes, give date: O No ☐ Yes Are you currently employed? ☐ Yes May we contact your present employer? □ No Are you prevented from lawfully becoming employed in this country because ☐ Yes O No of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. On what date would you be available for work? Are you available to work: I Full Time I Part Time I Shift Work I Temporary Are you currently on 'lay-off' status and subject to recall? ☐ Yes O No ☐ Yes O No Can you travel if a job requires it? Have you been convicted of a felony within the last 7 years? ☐ Yes O No Conviction will not necessarily disqualify an applicant from employment. If Yes, please explain _____

Education

		Name and Addre School	ess of	Course of Study		Years Completed	Diploma Degree
Elementary School							:
High School							
Undergraduate College							
Graduate Professional							
Other ((Specify)						
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Read							· · · · · · · · · · · · · · · · · · ·
Write						The second secon	<u> </u>
Describe an	y specialized	training, apprentice	ship, sk	ills and extra-curricula	ar acti	vities.	
Describe an	y job-related (training received in	the Uni	ted States military.			
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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates	Employed	Work Performed
		From	To	WOIR Ferformed
ddress				*
Telephone Number(s)		Hourly	Rate/Salary	
			Final	
ob Title	Supervisór			
Reason For Leaving				
Employer		Dates	Employed	
		From	To	Work Performed
Address				
Telephone Number(s)		Hourly	Rate/Salary	
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lob Title	Supervisor	Julian		The state of the s
Reason For Leaving				
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Employer	*	Dates	Employed	Work Performed
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Address				
Telephone Number(s)	Willy work the sale was a second of the sale of	Hourly	Rate/Salary	
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ob Title	Supervisor			
Reason For Leaving				
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Employer		Dates	Employed	
		From	Line Control of the C	Work Performed
Address			T	
Telephone Number(s)		Hourly	Rate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
	If you need additional sp	nace please contin	lle on a senarate o	sheet of naner
List professional trade by	isiness or civic activities and offices	held. (You may exclude men	bership which would rev	eal gender, race, religion, national origin,
ancestry, disability or oth	an amorated status			

Additional Information Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience. Specialized Skills Check Skills/Equipment Operated ☐ Microsoft Word ☐ Fax Other (list) Production/Mobile Machinery (list) □ PC □ Excel ☐ Calculator □ Publisher ☐ PowerSchool ☐ Typewriter ☐ Copy Machine State any additional information you feel may be helpful to us in considering your application. Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the ☐ Yes □ No activities involved in such a job or occupation is attached. REFERENCES

Name	Address	Phone # with Area Code	
1.			
2.			
3.			
4.			
5.			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 15 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

		Signature of Applicant	Date	>
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	w 🗆 Yes 🗆 N	No .		
Employed □ Ye		Date of Employment	Interviewer	Date
		Hourly Wage/Salary	Department	
Ву	Name and Title	Date		

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all previous employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that such promise or guarantee is binding upon the employer unless made in writing.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules, which are issued, are not conditions of employment and the employer may revise policies or procedures in whole or in part, at any time.

I understand that this application will not remain on active file.

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Signature of Applicant		Date	

Note: A complete transcript of all undergraduate and graduate college work and a current license must be placed on file in the Administrator's office at the time of employment. It is the responsibility of the applicant to supply this information upon request.