

PUBLIC NOTIFICATION OF NONDISCRIMINATION POLICY

It is the policy of the District that no person may be illegally discriminated against in employment by reason of their age, race, religion, creed, color, disability, pregnancy, marital status, sex, citizenship, national origin, ancestry, sexual orientation, arrest record, conviction record, military service, membership in the National Guard, state defense force and any other reserve component of the military forces of Wisconsin or the United States, political or religious affiliation, use or nonuse of lawful products off of the employer's premises during nonworking hours, declining to attend a meeting or to participate in any communication about religious matters or political matters, the authorized use of family or medical leave or worker's compensation benefits, genetic information, or any other factor prohibited by state or federal law. Reasonable accommodations shall be made for qualified individuals with a disability, unless such accommodations would impose an undue hardship on the District. A reasonable accommodation is a change or adjustment to job duties or work environment that permits a qualified applicant or employee with a disability to perform the essential functions of a position or enjoy the benefits and privileges of employment compared to those enjoyed by employees without disabilities. Any questions concerning this policy should be directed to: Tim Kief, District Compliance Officer, 400 9th St. N, Park Falls, WI, 54552, 715-762-2474, tkief@csdk12.net, or Coordinator of District Title IX, Section 504, and ADA programs: Kriste Simonson, 400 9th St. N, Park Falls, WI, 54552, 715-762-2474, ksimonson@csdk12.net. (School Board Policy 2260)

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly.  
An illegible application may preclude you from consideration.

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

**EMPLOYMENT APPLICATION**

Send Completed Form to: **CHEQUAMEGON SCHOOL DISTRICT**  
District Administrator, 420 North 9th Street, Park Falls, WI 54552  
Telephone 715.762.2474

DATE OF APPLICATION \_\_\_\_\_

**PERSONAL DATA:**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**POSITION(S) DESIRED (check):**

_____ Substitute Teacher	_____ Substitute Teacher Aide
_____ Teacher Aide	_____ Substitute Special Education Aide
_____ Special Education Aide	_____ Substitute Clerical Staff
_____ Clerical	_____ Substitute Food Service Staff
_____ Food Service	_____ Substitute Custodial Staff
_____ Custodial	_____ Summer Employment
_____ Bus Driver	_____ Coach _____
_____ Bus Mechanic	_____ Volunteer _____
_____ Other _____	

**BUILDING PREFERENCE (check):**

\_\_\_\_\_ Park Falls Campus \_\_\_\_\_ Glidden Campus \_\_\_\_\_ Both

Are you looking for full- or part-time employment? \_\_\_\_\_

If accepted for work, when can you begin? \_\_\_\_\_

**EDUCATION:** Highest grade completed \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

High School Attended \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

List Any Current DPI License(s) \_\_\_\_\_

List Any Skills Attained Related To Your Application: \_\_\_\_\_

**WORK EXPERIENCE:** (Start with most recent employer.)

\* From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

City, State \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\* From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

City, State \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\* From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

City, State \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\* From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

City, State \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**PERSONAL REFERENCES:** (List at least three references that are able to comment on your professional performance, including your last immediate supervisor.)

\* Name \_\_\_\_\_

City/State \_\_\_\_\_ Telephone # \_\_\_\_\_

\* Name \_\_\_\_\_

City/State \_\_\_\_\_ Telephone # \_\_\_\_\_

\* Name \_\_\_\_\_

City/State \_\_\_\_\_ Telephone # \_\_\_\_\_

\* Name \_\_\_\_\_

City/State \_\_\_\_\_ Telephone # \_\_\_\_\_

**APPLICANT STATEMENT**

I understand consideration for employment with the Chequamegon School District is contingent upon the results of references and background checks. I authorize District personnel to investigate all information provided on my application for employment. I understand this information will be used to evaluate my qualifications and suitability for District employment and to verify the correctness and completeness of the information provided by me.

I further understand the reference and background checks necessitate contacting present and past employers and any listed references or other individuals, who can verify information. I authorize any party (including employers, organizations and/or other individuals with which I have been or am currently associated and all persons connected with them) to release any information they have about me to the District, including all of my personnel records. I understand the people contacted will be advised what they say will be held in confidence.

To the extent permitted by law, I hereby release from any and all liability the District, its officers, officials and all District employees and agents for acts performed in connection with evaluating my application, background, credentials and qualifications.

I understand the District does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

*DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT*

I certify I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DISTRICT REQUIREMENT: Complete, sign, and date the attached Release of Information form.

