

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.