



CHEQUAMEGON SCHOOL DISTRICT APPLICATION FOR EMPLOYMENT

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 or 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 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 or requests 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: Jessica Folstad, 400 9th St. N, Park Falls, WI, 54552, 715-762-2474, jfolstad@csdk12.net. (School Board Policy 2660)

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.

Please send completed application forms to:
Chequamegon School District, 420 9th Street North, Park Falls, WI 54552 or astueber@csdk12.net

NAME: _____
Last First Middle

DATE OF APPLICATION: _____

PERSONAL DATA:

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

POSITION(S) DESIRED (check):

- | | |
|--|--|
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Substitute Teacher's Aid/Paraeducator |
| <input type="checkbox"/> Teacher's Aide/Paraeducator | <input type="checkbox"/> Substitute Special Education Aid |
| <input type="checkbox"/> Special Education Aide | <input type="checkbox"/> Substitute Clerical Staff |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Substitute Food Service |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Substitute Custodial Staff |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Summer Employment |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Coach: _____ |
| <input type="checkbox"/> Bus Mechanic | <input type="checkbox"/> Volunteer: _____ |
| <input type="checkbox"/> Other: _____ | |

BUILDING/LOCATION PREFERENCE (check):

- North Campus (Glidden) South Campus (Park Falls) Both

Are you looking for full-time or part-time employment? (check):

- Full-Time Part-Time Both

If accepted for work, when can you begin? _____



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EDUCATION

Highest Grade Level Completed: _____ Did you graduate?: Yes No

High School Attended: _____

College: _____ Program/Degree: _____

Did you graduate? Yes No

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 Number: _____

Reason for leaving: _____

From Month/Year: _____ To Month/Year: _____

Employer: _____ Position: _____

City/State: _____ Telephone Number: _____

Reason for leaving: _____

From Month/Year: _____ To Month/Year: _____

Employer: _____ Position: _____

City/State: _____ Telephone Number: _____

Reason for leaving: _____

From Month/Year: _____ To Month/Year: _____

Employer: _____ Position: _____

City/State: _____ Telephone Number: _____

Reason for leaving: _____



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REFERENCES

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

Name: _____

Company: _____ City/State: _____

Telephone Number: _____ Email Address: _____

Name: _____

Company: _____ City/State: _____

Telephone Number: _____ Email Address: _____

Name: _____

Company: _____ City/State: _____

Telephone Number: _____ Email Address: _____

Name: _____

Company: _____ City/State: _____

Telephone Number: _____ Email Address: _____

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