

School District of Spencer 715-659-5347

APPLICATION FOR EMPLOYMENT

Date: _____

Position Applied For: _____

The School District of Spencer does not discriminate on the basis of sex, race, color, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, includes physical, mental, emotional, or learning disability, arrest or conviction record, except when substantially related to the circumstances of the job.

Name _____ Phone No. _____
Last First Middle

Email _____

Present Address

_____ No. Street City State Zip

How long have you lived at this address: _____ Are you over 18 years of age? _____

Do you want to work _____ full-time or _____ part-time? If part-time, specify days and hours:

If you have a military reserve status, provide number of active duty days per year _____

EMPLOYMENT HISTORY (last three years)

Employer Name & City, State	Dates Employed	Position & Wage/Salary	Supervisor and reason for leaving

Applications will be kept on file for 6 months after position has been filled. Would you like to be considered for other openings at Spencer Public School that we feel you may be suitable for? _____ (yes/no)

EDUCATION	Circle last yr completed	Graduated (Y/N)	Degree if applicable	Major(s)/Minor
High School	9 10 11 12			
Post-Secondary	1 2 3 4			
Other				
Additional schooling or training not covered above				

PERSONAL REFERENCES (excluding former employers or relatives)

Name	Address	Telephone Number

Applicant please use the space provided below for additional comments you wish to make regarding your employment desires and/or qualifications, etc.

APPLICANT PLEASE READ:

I certify that all statements on this application are complete and correct to the best of my knowledge and I understand that any false information may be cause for rejection of my application for employment or discharge from my employment.

I further agree to submit to random drug and/or alcohol testing either prior to, or at any time during my employment per company policy.

I understand that a background check may be performed and for that reason, provide the following information:

Social Security No. _____ Date of Birth _____

Aliases/Maiden Name

Signature of Applicant _____ Date _____

Mail or Return Application to: District Office, Spencer Public Schools, 300 N School St, Spencer WI 54479