

**CLINTON COMMUNITY SCHOOL DISTRICT
P.O. BOX 566
CLINTON, WISCONSIN 53525-0566**

STAFF APPLICATION FOR EMPLOYMENT

The Clinton Community School District is an equal opportunity employer and does not discriminate on the basis of race, national origin, religion, age, sex, handicap or disability or other basis prohibited by applicable local, state or federal fair employment laws or regulations. Applicants with a disability may request accommodations needed in the application and/or interview process.

LAST NAME	FIRST	MIDDLE	DATE
ADDRESS			PHONE
CITY, STATE, ZIP			SOCIAL SECURITY NO.
Have you ever applied for employment with us? If yes, Month _____ Year _____			Pay expected:
Position applying for:			Other special training or skills (languages, machine operation, etc.):
Are you available for full-time employment?			
What hours can you work?			When will you be available to begin work?

Have you every pleaded guilty to or been convicted of a misdemeanor or felony? Yes _____ No _____ If yes, provide further information as to the date, location of court, nature of offense, and so forth. (The Clinton Community School District will consider your record only as it may substantially relate to the job for which you are applying.)

SCHOOL NAME AND LOCATION	COURSE OF STUDY	NO. OF YRS. COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
COLLEGE:				
HIGH:				
OTHER:				

Please list all previous full-time and part-time employment, beginning with most recent employment. Use an extra sheet if necessary.

Company Name:	Telephone:
Address:	Employed (Month & Year)
Name of Supervisor	From: To:
State job title and describe your work:	Reason for leaving:

Company Name:	Telephone:
Address:	Employed (Month & Year)
Name of Supervisor:	From: To:
State job title and describe your work:	Reason for Leaving:

Company Name:	Telephone:
Address:	Employed (Month & Year)
Name of Supervisor:	From: To:
State job title and describe your work:	Reason for Leaving:

May we contact your present employer? Yes _____ No _____ Reason: _____

PERSONAL REFERENCES: (Please do not list relatives)		
NAME AND OCCUPATION:	ADDRESS:	PHONE NUMBER:

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand and agree that, if hired, I may voluntarily leave employment at any time, for any reasons, and that the District may end my employment at any time for any reason.

I understand this application will be considered inactive after sixty (60) days.

I certify that I have read (or have had read to me) and understand this authorization, release, and certification.

Applicants Signature _____ Date _____