

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Name of Employer	Employed from _____ to _____ <div style="text-align: center;">Mo./Yr. Mo./Yr.</div> Total Years _____ Full Time or Part Time (circle one) Salary _____
Address	
Name of Supervisor/Title _____ Supervisor's Business Phone _____	
State Job Title and Describe Your Work	

Name of Employer	Employed from _____ to _____ <div style="text-align: center;">Mo./Yr. Mo./Yr.</div> Total Years _____ Full Time or Part Time (circle one) Salary _____
Address	
Name of Supervisor/Title _____ Supervisor's Business Phone _____	
State Job Title and Describe Your Work	

Name of Employer	Employed from _____ to _____ <div style="text-align: center;">Mo./Yr. Mo./Yr.</div> Total Years _____ Full Time or Part Time (circle one) Salary _____
Address	
Name of Supervisor/Title _____ Supervisor's Business Phone _____	
State Job Title and Describe Your Work	

Name of Employer	Employed from _____ to _____ <div style="text-align: center;">Mo./Yr. Mo./Yr.</div> Total Years _____ Full Time or Part Time (circle one) Salary _____
Address	
Name of Supervisor/Title _____ Supervisor's Business Phone _____	
State Job Title and Describe Your Work	

List additional relevant employment on a separate sheet. May we contact the employers listed above? Yes _____ No _____

If "no", please explain _____

REFERENCES

List below the names of three persons not related to you whom you have known at least one year.
Those who know of your work are of special significance.

Name _____	Name of Business or Agency _____
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Address _____
City/State/ZIP _____ Telephone _____

Name _____	Name of Business or Agency _____
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Address _____
City/State/ZIP _____ Telephone _____

Name _____	Name of Business or Agency _____
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Address _____
City/State/ZIP _____ Telephone _____

Do we have your permission to communicate with the persons you have named as references? _____

To be considered for employment you must:

- 1 - submit cover letter of interest
- 2 - enclose resume
- 3 - enclose copy of Wisconsin license
- 4 - enclose 2-3 letters of reference
- 5 - have credentials/transcripts sent
- 6 - complete this application form.

Please read and sign:

I understand any false statements or misrepresentations of facts are grounds for dismissal. I hereby certify that the statements in this application are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

The Arcadia School District does not discriminate on the basis of sex, race, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.

ARCADIA SCHOOL DISTRICT

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND AFFIRMATION OF ACCURACY OF APPLICATION**

Please read carefully before signing this form.

1. Applications for employment will be considered null and void at the end of a year from the date of filing, unless notice is given of the applicant's desire for renewal.
2. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment, or may be cause for subsequent dismissal if I am hired.
3. I authorize the Arcadia School District to investigate my responses on this application, perform a criminal background check, and contact any or all of my present and former employers, or any individuals familiar with me or my employment background, for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employments. I voluntarily and knowingly fully release and hold harmless the Arcadia School District and any person or organization that provides information pertaining to me or my employment as a part of this employment procedure.
4. I further understand that any offer of employment may be conditioned upon the results of a physical exam and/or a background check.

Signature: _____

Print Name: _____

Date: _____