

Describe training, experiences or special skills that you possess which you feel are relevant to the position you are applying for:

Write a brief statement about why you feel you are qualified for the position for which you are applying: _____

Are you capable of performing the essential functions of the job with or without reasonable accommodations? _____

Do you have any physical limitations that may prevent you from performing the tasks required by the position? (for example: lack of manual dexterity, fear of heights, inability to lift up to 30 pounds repetitively, restricted motion) _____

Please describe any yes answer to this question. _____

LIST AT LEAST ONE REFERENCE, OTHER THAN FORMER EMPLOYERS, WHOM WE MAY CONTACT

Name _____ Relationship _____ Phone ____ - ____ - _____

Address _____
Street City State Zip

Name _____ Relationship _____ Phone ____ - ____ - _____

Address _____
Street City State Zip

Name _____ Relationship _____ Phone ____ - ____ - _____

Address _____
Street City State Zip

PER SCHOOL BOARD POLICY #831 (G): Effective August 22, 1990, all the buildings, grounds, vehicles and any and all facilities owned by the School District of Sheboygan Falls and all such buildings, grounds, vehicles and any and all facilities under the care, custody or control of the district shall be declared tobacco free.

This application is active for 6 months.

WORK HISTORY - LIST MOST RECENT FIRST

Employer _____ Phone: _____

Dates of Employment ____/____/____ TO ____/____/____ Name of Supervisor _____
MO YR MO YR

Describe Position _____

Reason for Leaving Employment _____ May We Contact YES ____ NO ____

Final Rate/Salary \$ _____ per _____

Employer _____ Phone # ____ - ____ - ____

Dates of Employment ____/____/____ TO ____/____/____ Name of Supervisor _____
MO YR MO YR

Describe Position _____

Reason for Leaving Employment _____ May We Contact YES ____ NO ____

Final Rate/Salary \$ _____ per _____

Employer _____ Phone # ____ - ____ - ____

Dates of Employment ____/____/____ TO ____/____/____ Name of Supervisor _____
MO YR MO YR

Describe Position _____

Reason for Leaving Employment _____ May We Contact YES ____ NO ____

Final Rate/Salary \$ _____ per _____

Please sign and date below. I certify that the information contained in this application is true and correct. I understand that falsification of this application in any detail is grounds for disqualification for further consideration or for dismissal from employment in accordance with Board of Education policy. I agree to conform to the rules and regulations of the Board of Education and understand that my employment can be terminated for failure to follow said rules and regulations. I authorize persons, schools, my current employer and previous employers named in this application to provide any relevant information that may be required to arrive at an employment decision.

Signature of Applicant

Date of Application

The Board of Education does not discriminate in the employment of staff on the basis of the Protected Classes of race, color, national origin, age, sex, pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), national origin, ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, or declining to attend an employer-sponsored meeting or to participate in any communication with the employer about religious matters or political matters, or any other characteristic protected by law in its programs and activities, including employment practices and opportunities.

The District's Compliance Officers identified in Policy 1422 shall handle inquiries regarding the Board's nondiscrimination policies and address any complaint of discrimination.