Marshall Public Schools

Employment Application

Support Staff Positions

APPLICATION FOR EMPLOYMENT

Position D	esired										-
Date:				Da	ate Ava	ailable:					
Check typ	e of emp	oloyment d	esired:	Full Time		Part Tim	e 🗖	Tempo	rary 🗆	Substitut	e
PERSONA	AL DATA										
Name: _	Last	t		First		MI	Soc. S	ec. No.		-	_
Address	Stre	eet Address					Phone I	No			_
	City	<u></u>		State Zip		Daytime	Phone	No			
Are you:											
	🗆 Yes	🗆 No	Over th	e age of 18?							
	🛛 Yes	🗆 No	A previo	ous applicant?							
	🛛 Yes	🗆 No	A previo	ous employee?	•						
	🛛 Yes	🗆 No	Legally	able to work i	n the L	Jnited Stat	es?				
	Yes	🖵 No	A licens	ed driver with	a car a	available f	or work?	?			
convictio	on? 🛛 Ye	es 🛛 No	-			-					esigned in lieu of a
Are there	e any cri	minal char	ges pendi	ng against you	IS □ 1	íes □ No)				
If yes, d	escribe t	he circums	stances in	detail:							
											·

A conviction is not an absolute bar to employment. Only convictions that involve circumstances that are related to the functions of the position you are applying for will be used to determine your qualifications for hire.

EDUCATION AND TRAINING RECORD

Check the highest grade or year completed in school: 9 or less 10 11 12+	
Name and location of high school:	Year of graduation:
OR Name and location of GED program:	Year awarded:
Check the number of years completed in a college or university:	

List training beyond high school:

Name and Location of School	Dates Attended	Major	Degree

Describe any other education or training you have had which you feel is relevant to the job for which you are applying:

EMPLOYMENT RECORD

WORK EXPERIENCE

Note: Start with most recent position. Attach a separate sheet if necessary. A resume providing this information may be attached as a supplement.

Present/Las	t Employer	Type of Business	Address	Phone Number
Start Date Leave Date		Salary	Reason for Leaving	
Job Title		Name of Supervisor/Title	May We Contact After Interview:	
			🗆 Yes 🔲 No	

Description of job and duties:

Present/Las	st Employer	Type of Business	Address	Phone Number		
Start Date	tart Date Leave Date Salary Reason for		Reason for Leaving	eason for Leaving		
Job Title		Name of Supervisor/Title	May We Contact After Interview:			

Description of job and duties:

Present/Last Employer		Type of Business	Address	Phone Number
Start Date	Start Date Leave Date Salary		Reason for Leaving	
Job Title		Name of Supervisor/Title	May We Contact After Interview:	

Description of job and duties:

Present/Las	t Employer	Type of Business	Address	Phone Number
Start Date Leave Date		Salary	Reason for Leaving	
Job Title		Name of Supervisor/Title	May We Contact After Interview:	

Description of job and duties:

REFERENCES

EMPLOYMENT REFERENCES (persons who have supervised your v	vork)
Name:	Daytime Phone:
Position:	
Address:	
Name:	Daytime Phone:
Position:	
Address:	
Name:	Daytime Phone:
Position:	
Address:	
PERSONAL REFERENCES (do not refer to relatives)	
Name:	Daytime Phone:
Occupation:	
Address:	
Name:	Daytime Phone:
Occupation:	
Address:	
Name:	Daytime Phone:
Occupation:	
Address:	

APPLICANT STATEMENT (Read carefully before signing)

By signing below, I certify that the responses given by me to the foregoing questions and/or statements are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I understand that I may be subject to a criminal record check as a condition of employment. I further understand that the making of any false or misleading statement or willful omission on the Employment Application, or any other document, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that Marshall Public Schools shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me on this Employment Application or any other document. I hereby grant permission to Marshall Public Schools to investigate any of the information included in this application. I also authorize the companies, schools or persons named above to give any information, transcripts, records, or documents requested regarding my work experience, educational background, conviction record, character of qualifications, personal or otherwise. I hereby release said companies, schools or persons from all liability for any damage that may result from furnishing this information to the district.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I agree to conform to the rules, regulations, and policies of Marshall Public Schools. I fully understand and agree that filling out this Employment Application does not obligate the district to offer me a job, nor does it obligate me to accept a job with the district.

Signature

Date

Please note that by statute and policy, the Marshall Public Schools buildings and facilities are tobacco free environments. "It is the policy of the Marshall Public School District that no person shall be denied admission to any public school in this district or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, pupil service, recreational, or other program or activity because of the person's sex, race, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap as required by s. 118.13 Wis. Stats. This policy also prohibits discrimination as defined by Title IX of the Education amendments of 1972, Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. This policy will prevail in all matters concerning staff, students, the public, educational programs and services, and individuals with whom the Board does business."