

Marshall Public Schools

617 Madison Street · Marshall, WI 53559
 Phone: 608.655.3466 · Fax: 608.655.4481



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Home Phone: _____ Email: _____

Provide All Information Requested

Position(s) for which you are applying: _____ Do you wish to work: part-time full-time substitute seasonal

Date available to start: _____ Days available: Mon Tues Wed Thurs Fri Time(s) available: a.m. p.m. open

Comments:

Educational History

High School/College/Other	Location	Start Date	Graduation Date	Degree	Other Classes Taken

Employment History

Starting with present or most recent, list all previous employment. If more than five years, list positions for last five years; if none, please indicate reason.

Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Have you ever been dismissed/terminated/discharged or encouraged/asked to resign from a position? YES NO

If you answered Yes, please explain:

Are you over the age of 18? YES NO

Are you a licensed driver? YES NO

PERSONAL BACKGROUND: (Include any description of your experience, special skills or training which you believe will contribute to your success in the position for which you are applying. Note any certification or licensure you hold.)

References

Please list three professional references. Include only those who have knowledge of your work experience.

Name:	Title/Position:
Organization:	Phone Number:
Email or Mailing Address:	

Name:	Title/Position:
Organization:	Phone Number:
Email or Mailing Address:	

Name:	Title/Position:
Organization:	Phone Number:
Email or Mailing Address:	

Authorization, Release and Certification

- After reviewing the job description for the position for which you are applying, can you perform the functions of this position with or without a reasonable accommodation? YES NO
- Are you eligible for employment in the United States? YES NO
- If employed, could you furnish verification of your legal right to work in the United States? YES NO

I certify I fully understand the contents of this application and that all information on this application is true and correct and without omissions. 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 District 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 in accordance with Board Policies and the Employee Handbook.

Signature: _____

Date: _____

The Marshall Public School District is an equal opportunity employer and does not discriminate on the basis of race, national origin, religion, age, sex or sexual orientation, disability or any other reason prohibited by state and federal law. Applicants with a disability may request accommodations needed in the application and/or interview process.

Background Check

The Marshall Public School District conducts background checks on all employees.

***The information provided will not be considered as a basis for any employment decisions.**

- Do we have your permission to conduct a background check on you? YES NO
- Is there a criminal charge, felony or misdemeanor currently pending against you? YES NO
(If yes, please provide an explanation below.)
- Have you ever been convicted or pled guilty or no contest to a felony or misdemeanor? YES NO
(If yes, please provide an explanation below.)

A criminal conviction is a final judgment of a verdict or a finding of guilty, a plea of guilty or a plea of nolo contendere (no contest) in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. An arrest or criminal charge, which did not lead to criminal charges, need not be disclosed in response to these questions.

If you answered yes to any of the questions above related to disclosure of pending criminal charges and/or convictions, you must attach a letter of explanation for each such pending criminal charge and each conviction, which includes the facts and the nature of charge/conviction, the date when it occurred, the city and state where it occurred, the sentence, including any incarceration and probation/parole length and condition, and any other relevant information.

Pending criminal charges and/or a record of a conviction(s) are not an absolute bar to employment. The District will consider the charges and convictions in light of the job for which you are applying in accordance with the Wisconsin Fair Employment Act.

Any omission, incomplete information, false answer, or false statement by an applicant in response to the questions during the application period concerning criminal convictions or charges will be grounds for the District to refuse to hire you or for the District to terminate employment upon learning of the dishonesty.

My signature below authorizes the District to conduct a background investigation and authorizes release of information in connection with my application for employment.

Signature: _____

Date: _____