

APPLICATION FOR EMPLOYMENT

School District of Brodhead

2501 West 5th Avenue

Brodhead, WI 53520-0258

Position(s) applied for _____ Date _____

The School District of Brodhead is an Equal Opportunity Employer.

Applicants with a disability may request accommodations needed in the application and/or interview process.

Name _____
Last First Middle

Address _____

Telephone Number _____ If necessary, best time to call you at home is _____

May we contact you at work? Yes No

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date _____

Have you ever been employed here before? Yes No

If yes, give dates _____

Are you legally eligible for employment in this country? Yes No

Date available for work _____

Type of employment desired: full-time part-time temporary

Other, describe _____

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No

Are you able and willing to travel if the job requires it? Yes No

Are you able and willing to work overtime if required? Yes No

If required by the employer, will you undergo pre-employment physical? Yes No

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? Yes No

If yes, provide further information as to the offense(s), date, location of court, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. (The School District of Brodhead will consider your record only as it may substantially relate to the job for which you are applying.)

If the job you seek requires to use of a motor vehicle, do you have a valid Wisconsin driver's license? Yes No

If the job you seek requires the use of a a commercial driver's license, do you have a valid commercial drivers license? Yes No

Employment History

List all previous assignment or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. Use additional pages if necessary.

EMPLOYER	DATES EMPLOYED	Summarize the nature of the work performed and job responsibilities.
	FROM TO	
ADDRESS		
JOB TITLE	HOURLY RATE/SALARY	
	STARTING	
IMMEDIATE SUPERVISOR AND TITLE	\$ PER	
REASON FOR LEAVING	HOURLY RATE	
	FINAL	
	\$ PER	
MAY WE CONTACT FOR REFERENCE Yes No Later		

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	FINAL	
	\$ PER	
MAY WE CONTACT FOR REFERENCE Yes No Later		

Comments (including explanations of any gaps in employment)

Skills and Qualifications. Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the District.

Educational Background. List all schools attended starting with the last one. List the number of years completed, indicated degree or diploma, if any, grade point average or class rank, and major or minor field or study (if applicable). This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration. Use additional pages if necessary.

A. SCHOOL	B. NO YEARS COMPLETED	C. DEGREE DIPLOMA	E. MAJOR	F. MINOR	

References. List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

List professional, trade, business or civic associations and any offices held. (Exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

List special accomplishments, publications, and awards. (Exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

List any additional information you would like us to consider.

AUTHORIZATION, RELEASE AND CERTIFICATION

I certify that all information on the 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 or 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 that employment with this employer is **not** contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the District, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand this application will be consider inactive after _____.

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

Dated: _____

Applicant's Name (print or type) _____

Applicant's Signature _____

For use with positions **not** covered by the Master Agreement between the Board of Education and the Brodhead Education Association.

[Click Here to Clear Form Fields](#)

Please print this form and mail or email it to the appropriate administrator.