

RANDALL CONSOLIDATED SCHOOL

37101 87th Street

Burlington, WI 53105

Phone: (262) 537-2211 Fax: (262) 537-2280

- APPLICATION FOR EMPLOYMENT -

PERSONAL INFORMATION

Date: ____/____/____

Last Name First Name M.I. SS#

Street City State Zip Phone #

EMPLOYMENT DESIRED

Position: _____ Date available to begin: ____/____/____

Are you currently employed: ____ Yes ____ No. If so, may we inquire of your present employer? ____ Yes ____ No.

Have you ever applied at Randall School before? ____ Yes ____ No.

EDUCATIONAL BACKGROUND

<u>Education</u>	<u>Name & Location of School</u>	<u>Years Attended</u>	<u>Date of Graduation</u>	<u>Subjects Studied</u>
Elementary				
High School				
College				
Trade Business or Correspondence School				

GENERAL

Subjects of Special Study or Research Work

U.S. MILITARY OR NAVAL SERVICE _____ Rank: _____

Present Membership in National Guard/Reserves ____ Yes ____ No

FORMER EMPLOYERS

(List below last four employers, beginning with last one first)

Month and Year	Name/Address/Telephone of Employer	Salary	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES:

Give the Names of Three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? ____ Yes ____ No

Please describe:

In case of emergency notify: _____

Name Address Phone Number

EMPLOYEE/VOLUNTEER BACKGROUND CHECK FORM

Randall Consolidated School takes seriously its obligation to provide a safe environment for all persons involved in education in this district. Randall School will conduct a records check of employee/volunteer applicants with the Wisconsin Department of Justice to help assure a safe environment. Information obtained will not automatically disqualify you from consideration.

Full Name: _____ Soc. Sec. Number: _____

Address: _____

Phone Number: _____ Driver's License Number: _____

Date of Birth: ____/____/____ Gender: _____ Race: _____

- A. I acknowledge and understand that with this form, my record will be checked.
- B. I have been a full time resident in Wisconsin during the past 3 years? Yes: _____ No: _____
- C. If "no" to above, list non-Wisconsin address(es), including county & state of residence during the past 3 years:

D. If you have not lived in Wisconsin during the past 3 years, please list 3 people (not relatives) who can comment on your work with youth.

Name: _____ How Known: _____ Phone No. _____

Address: _____

Name: _____ How Known: _____ Phone No. _____

Address: _____

Name: _____ How Known: _____ Phone No. _____

Address: _____

- E. Has your driver's license ever been suspended or revoked? Yes: _____ No: _____
- F. Have you been convicted of crime involving a minor (including a deferred imposition of sentence)? Yes: _____ No: _____
- G. Have you used or been known by any other names? Yes: _____ No: _____ if yes, what names have you used:

H. I certify to the best of my knowledge that these responses are true and complete. I hereby authorize the school district to conduct a police and court investigation of my background.

Signature: _____ Date: ____/____/____

The Privacy Act of 1974 requires that an agency provide the following notice to each individual whom it asks to supply a social security number: 1. The authority for requesting and using your social security number here is found in 20 U.S.C. section 1232g. 2. Disclosure of the social security number is voluntary; however, a failure to provide the number may result in denial of the application. 3. The social security number will be used for any and all necessary and usual identification and reference purposes associated with your application and continuation as an employee/volunteer.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE: _____ DATE: ____/____/____ Rev: 10/16/2001

Order # _____