Clinton Community School District 112 Milwaukee Road · Clinton, WI 53525

Phone: 608.676.5482 · Fax: 608.676.4444



Employment Application

			Applicant In	formation			
Full Name:	Last First				Date:		
Address:							
	Street Address					Apartment/Unit #	
	 City				State	ZIP Code	
	•						
Cell Phone:		Home Phone:			Email:	-	
		Pro	vide All Informa	ation Requeste	d		
Position(s) for v	which you are applying:			_ Do you wish t	o work: part-time	e 🗌 full-time 🗌 substitute 🗌 seasonal	
Date available	to start: D	Days available: 🗌 Mon 📗	Tues Wed 1	Γhurs ☐ Fri	Time	(s) available: a.m. p.m. oper	
Comments:							
			Educationa	l History			
			Luucationa	i History			
High Scho	ool/College/Other	Location	Start Date	Graduation Date	Degree	Other Classes Taken	
	-						

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	nent History		
Starting with present or most recent, list all previous employment. If more that			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? YES NO		
·			
Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? YES NO		
Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? YES NO		
			T =-
Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? ☐ YES ☐ NO		
Have you ever been dismissed/terminated/discharged or encouraged/asked	to resign from a position	2	☐YES ☐NO
Have you ever been dismissed/terminated/discharged or encouraged/asked to resign from a position?			
Do you possess a valid Wisconsin Commercial Driver License (CDL) that inc	ludes the 'P" and 'S' end	lorsements?	☐ YES ☐ NO
Are you interested in obtaining a Wisconsin Commercial Driver License (CDL) that includes the 'P" ar	nd 'S' endorsements	? YES NO
PERSONAL BACKGROUND: (Include any description of your experience, sp position for which you are applying. Note any certification or licensure you hold		ch you believe will cor	ntribute to your success in the

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Please list three professional references. Include only those who have knowledge of your work experience. Name: Title/Position: Phone Number:	Refere	nces		
Drganization:	Please list three professional references. Include only those who have knowledge	ge of your work experience.		
Email or Mailing Address: Name: Title/Position:	Name:	Title/Position:		
Name: Organization: Phone Number: Email or Mailing Address: Name: Organization: Phone Number: Title/Position: Organization: Phone Number: Email or Mailing Address: Authorization, Release and Certification Authorization, Release and Certification Authorization, Release and Certification Authorization, Release and Certification Authorization of which you are applying, can you perform the functions of this position with or without a reasonable accommodation? Are you eligible for employment in the United States? If employed, could you furnish verification of your legal right to work in the United States? If employed, could you furnish verification 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.	Organization:	Phone Number:		
Organization: Phone Number: Email or Mailing Address: Name: Title/Position: Organization: Phone Number: Email or Mailing Address: Authorization, Release and Certification Atter 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? 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.	Email or Mailing Address:			
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Email or Mailing Address: Name: Title/Position:	Name:	Title/Position:		
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Organization: Phone Number:				
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Signature: Date:				
	Signature:	Date:		

The Clinton Community 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.

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Background Check

The Clinton Community School District conducts background checks on all employees.

Name: (First, Middle, Last)	Current Address:						
Other Name(s) Used: (alias, maiden)	Former Address:						
Social Security Number:	*Date of Birth: (mm/dd/yyyy)		*Race:	*Gender:			
*This information will be used only for the purpose of as a basis for any employment decisions.	conducting the bac	ckground check. The	information provided abo	ove <u>will not</u> be considered			
Do we have your permission to conduct a background check on you? YES NO							
 Is there a criminal charge, felony or misdemeano 	r currently pending ag	gainst you?	YES NO				
(If yes, please provide an explanation in an attached statement.)							
 Have you ever been convicted or pled guilty or no 	contest to a felony o	or misdemeanor?	YES NO				
(If yes, please provide an explanation in an attacl	ned statement.)						
A criminal conviction is a final judgment of a verdict or a find competent jurisdiction in a criminal case, regardless of whetl charges, need not be disclosed in response to these question	ner an appeal is pendi						
If you answered yes to any of the questions above related to for <u>each</u> such pending criminal charge and <u>each</u> conviction, where it occurred, the sentence, including any incarceration	which includes the fac	ts and the nature of cha	rge/conviction, the date whe	en it occurred, the city and state			
Pending criminal charges and/or a record of a conviction(s) at the job for which you are applying in accordance with the Wi			District will consider the char	ges and convictions in light of			
Any omission, incomplete information, false answer, or false convictions or charges will be grounds for the District to refus							
My signature below authorizes the District to conduct a be employment.	ackground investigati	on and authorizes relea	ase of information in conne	ection with my application for			
Signature:			Date:				

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