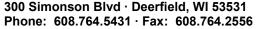
Deerfield Community School District 300 Simonson Blvd · Deerfield, WI 53531



*Submit application to Human Resources at this address

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: Date available to start:						_		
Desired Work								
Do you wish to work: part-time full-time substitute seasonal								
Days available: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri Time(s) available: ☐ a.m. ☐ p.m. ☐ open								
Comments:								
	Educational History							
				Graduation				
High Scho	ool/College/Other	Location	Start Date	Date	Degree	Other Classes Taken		

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	Employment History						
Starting with present or most recent, list all previous employment. If more than			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						
Reason for Leaving:							
Company:	From (mm/yy)	To (mm/yy)	Phone:				
Address:	Supervisor:						
Job Title:	May we contact your previous supervisor for a reference? ☐ YES ☐ NO						
Reason for Leaving;							
Company:	From (mm/yy)	To (mm/yy)	Phone:				
Address:	Supervisor:						
Job Title:	May we contact your previous supervisor for a reference? ☐ YES ☐ NO						
Reason for Leaving:							
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.)							

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Have you ever been dismissed/terminated/discharged or encouraged/asked to resign from a position?

☐ YES ☐ NO

Refe	erences				
Please list three professional references. Include only those who have knowledge	ge 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, Rele	ease and Certification				
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					
	on this application is true and correct and without omissions. I understand that an ested of me, may result in rejection of my application or if employed, my immediate				
	rmation set forth in the application. I release from all liability or legal claims every this release shall be as valid as the original, and may be relied upon by all person				
I understand and agree that if hired, I may voluntarily leave employment at any tany reason in accordance with Board Policies and the Employee Handbook.	time, for any reasons, and that the District may end my employment at any time for				
Signature:	Date:				

The Board has adopted a grievance process that provides for the prompt and equitable resolution of student and employee complaints alleging any action that is prohibited by Title IX and/or its implementing regulations. The grievance process is included in Policy 2266 - Nondiscrimination on the Basis of Sex in Education Programs or Activities, which is available at: deerfield.k12.wi.us.

The grievance process specifically addresses how to report or file a complaint of sex discrimination, how to report or file a formal complaint of Sexual Harassment, and how the District will respond.

For more information or to file a complaint, contact Karen Frey, <u>freyk@deerfield.k12.wi.us</u>, or Brett Jacobson, <u>jacobsonb@deerfield.k12.wi.us</u>, 608-764-5431, Deerfield Community Schools, 300 Simonson Boulevard, Deerfield, WI 53531.

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Background Check

The Deerfield 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 o basis for any employment decisions.	f conducting the ba	ckground check. The	information provided at	pove <u>will not</u> be considered as a		
Do we have your permission to conduct a backg	round check on you?		YES NO			
Is there a criminal charge, felony or misdemeand	■ Is there a criminal charge, felony or misdemeanor currently pending against you? □ YES □ NO					
(If yes, please provide an explanation in an attac	ched statement.)					
Have you ever been convicted or pled guilty or n	o contest to a felony	or misdemeanor?	YES NO			
(If yes, please provide an explanation in an attac	ched statement.)					
A criminal conviction is a final judgment of a verdict or a final jurisdiction in a criminal case, regardless of whether an app be disclosed in response to these questions.						
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	cts and the nature of cha	rge/conviction, the date wh	nen it occurred, the city and state		
Pending criminal charges and/or a record of a conviction(s) for which you are applying in accordance with the Wisconsi			District will consider the cha	rges and convictions in light of the job		
Any omission, incomplete information, false answer, or false convictions or charges will be grounds for the District to refu						
My signature below authorizes the District to conduct a be employment.	eackground investigat	ion and authorizes rele	ase of information in conn	nection with my application for		
Signature:			Date	e :		

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