



<b>REFERENCES (Do not list relatives and please indicate if you were employed under a different name.)</b>				
Name	Address, City, State and Zip	Work Telephone	Title	Years Known

**IMPORTANT - PLEASE READ CAREFULLY**

In submitting this application for employment, I understand an investigation may be made whereby information is obtained regarding my character, employment history, education, licenses, credentials, credit history, driving record and criminal history. I agree to indemnify and hold harmless the Arrowhead Union High School District and Wisconsin DOJ Crime Information Bureau from all liability and damages whatsoever in obtaining, furnishing or using said information.

In the event of employment, I understand that false or misleading information given in this employment application, on my resume, in interview(s) or on related company documents may result in immediate termination. I also understand that I am required to abide by all rules, regulations and policies of the Arrowhead Union High School District. Provided state law permits, I further agree to submit to alcohol and/or drug screening tests, if requested of me at any time prior to or during my employment. A copy of this authorization shall be effective as the original.

I understand and agree if employed by "contract", I am bound by its contents. If employed, but not by individual contract or under terms of a collective bargaining agreement, I understand and agree the employment will be "at will". That is, either I or the Arrowhead Union High School District may end the employment relationship at any time, for any reason, or for no reason. I understand receipt of this application by the Arrowhead Union High School District does not imply employment and this application and/or other Arrowhead Union High School District documents are not contracts of employment, unless otherwise stated as "contract". All information contained herein will remain personal and confidential, and will only be used for employment with the Arrowhead Union High School District or its affiliates.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PLEASE INCLUDE ANY ADDITIONAL DOCUMENTS, SUCH AS YOUR RESUME, LETTER OF REFERENCE(S), ETC.**

**THESE DOCUMENTS WILL REMAIN ACTIVE FOR THIRTY (30) DAYS FROM DATE COMPLETED.**