

EMPLOYMENT APPLICATION

The Arrowhead Union High School District

700 North Avenue 262-369-3611 - www.arrowheadschoools.org
 Hartland, WI 53029 262-367-7406 FAX - South Campus
 262-369-0996 FAX - North Campus

The Arrowhead District does not discriminate on the basis of race, color, creed, sex, religion, national origin, age, ancestry, sexual orientation, disability, marital status, or any other characteristic protected by law. The Arrowhead Union High School District is an equal opportunity employer and your response to any question will be judged on its relevance to the position applied.

DATE: _____

POSITION APPLYING FOR: _____

BIOGRAPHICAL INFORMATION (PRINT CLEARLY AND FILLOUT APPLICATION ENTIRELY.)

Last Name		First	Middle	Suffix (Sr., Jr., III, etc.)						
Current Home Address				City	State	Zip	How long at this address?			
Previous Address (If less than 4 years above.)				City	State	Zip	How long at this address?			
Home Telephone		Cell/Work Telephone		Can we contact your Work?			When is the best time to call?			
()		()		Yes No			: a.m. / p.m.			
Date Available: _____			Days and hours available if applying for a part-time position	Sun	Mon	Tues	Wed	Thur	Fri	Sat
What are you interested in? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Sub				From						
How were you referred to our school? (Newspaper, friend, etc.)				To						

EDUCATION, LICENSES & CERTIFICATIONS

Type	Name and Location of School			Degree of Study Major/Minor	Highest Grade Completed	Did you graduate?
High School/ Prep School	Name		Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
College/ University	Name		Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Graduate School	Name		Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Vocational/ Trade School	Name		Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Licenses/ Certifications (if applicable)	Subject/Grade Level		State	Date Issued	Expiration Date	Standing
Grade, Subject or Position Preference:	1)	2)	3)			

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained	Date of Entrance	Date of Discharge

SPECIAL SKILLS

Note any specialty that may make you more qualified for this job:

LEGAL

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Were you ever dismissed or asked to resign from any position? Yes No. If yes, where _____.

Reason(s) for discharge: _____.

Have you ever been convicted of a felony or misdemeanor or have a pending charge, not including minor traffic violations, that relates to the position that you are applying? Yes No. If yes, please explain offense(s) and final disposition(s):

EMPLOYMENT HISTORY (List most recent position first.)

May we contact your present employer? ____ Yes ____ No. May we contact your present supervisor? ____ Yes ____ No

Dates (month/year)	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Salary (\$)	Reason For Leaving
From:	Name	Your Job Title		Start	
	Address City State	Supervisor		Final	
To:	Phone				
From:	Name	Your Job Title		Start	
	Address City State	Supervisor		Final	
To:	Phone				
From:	Name	Your Job Title		Start	
	Address City State	Supervisor		Final	
To:	Phone				
From:	Name	Your Job Title		Start	
	Address City State	Supervisor		Final	
To:	Phone				

Have you previously applied to the Arrowhead Union High School District? ____ Yes ____ No If yes, when _____.

Have you previously worked for the Arrowhead Union High School District or any of its affiliates? ____ Yes ____ No. If yes, please complete the following:

Name: _____ Location: _____

Address, City, State & Zip: _____ Position Held: _____

Supervisor(s): _____ Dates (month/year): _____ to _____

Reason for leaving: _____

REFERENCES (Do not list relatives and please indicate if you were employed under a different name.)

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.**