



Wishek Public School Employment Application



WE ARE AN EQUAL OPPORTUNITY EMPLOYER It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Position applying for	Today's Date
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PERSONAL INFORMATION

Name (last, first, middle)				
Street Address and/or Mailing Address		City	State	Zip
Home Telephone Number	Business Telephone Number		Cellular Telephone Number	
Date you can start work	Drivers License Number		Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been employed here before?		If yes, give date _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If employed and you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran of the U.S. Military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the U.S. on an unrestricted basis?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony in the last 7 years? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EDUCATION

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Course of Study
School			
School			
Other			

SPECIAL SKILLS

List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

REFERENCES

Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

A typed signature is legally binding and equivalent to a handwritten/electronic signature.

Date

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Applicants Signature _____

A typed signature is legally binding and equivalent to a handwritten/electronic signature.