

APPLICATION FOR EMPLOYMENT

ARGYLE SCHOOLS

14665 State Highway 78, Argyle, WI 53504
(608) 543-3318

It is the policy of the Board to extend equal opportunities to all employees and to applicants for employment who meet the qualification established for the class or position for which they apply. No employee or applicant shall be discriminated against on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, political or religious affiliation, arrest record, conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or this state or use or nonuse of lawful products off the employer's premises during non-working hours.

Date of Application: _____

SECTION A - PERSONAL INFORMATION

Position(s) Applied For: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Social Security Number: _____

If employed and you are under 18, can you furnish a work permit? ____ Yes ____ No

Have you ever been employed here before? ____ Yes ____ No If yes, give date: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
____ Yes ____ No (Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony within the last 7 years? ____ Yes ____ No (Conviction will not necessarily disqualify applicant from employment.) If yes, please explain:

Are you a veteran of the U.S. Military service? ____ Yes ____ No If yes, what branch? _____

Special Employment Notice to Disabled Veteran's, Vietnam Era Veteran's, 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 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 which 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

Signed _____

SECTION B - EDUCATION & TRAINING

High School

SCHOOL NAME/LOCATION: _____
Years Completed: _____ Diploma _____ Yes _____ No

College/University

SCHOOL NAME/LOCATION: _____
Major Course of Study: _____ Years Completed: _____
Degree _____ Yes _____ No

Describe any special training, apprenticeships, skills or extra-curricular activities:

SCHOOL NAME/LOCATION: _____
Major Course of Study: _____ Years Completed: _____
Degree _____ Yes _____ No

Describe any special training, apprenticeships, skills or extra-curricular activities:

SECTION C - EMPLOYMENT INFORMATION

Are you currently employed? _____ Yes _____ No
If yes, may we contact your present employer? _____ Yes _____ No

Date you would be available for work? _____

Can you travel if a job requires it? _____ Yes _____ No

Are you available to work: _____ Full Time _____ Part-Time _____ Shift Work _____ Temporary

Are you on a lay-off and subject to recall? _____ Yes _____ No

SECTION D - REFERENCES

Give name, address and telephone number of **three (3)** references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

SECTION E - EMPLOYMENT HISTORY

Note: If the following information is submitted on a resume, you may skip to Section F.

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, or other protected status.

1.

Business Name _____ **Address** _____

Job Title _____ Supervisor _____ Telephone (Include area code) _____

Work Performed _____

From _____ To _____ \$ _____ _____ Full Time _____ Part Time
Dates Employed _____ Hourly Rate/Salary _____

2

Business Name _____ **Address** _____

Job Title _____ Supervisor _____ Telephone (Include area code) _____

Work Performed _____

From _____ To _____ \$ _____ _____ Full Time _____ Part Time
Dates Employed _____ Hourly Rate/Salary _____

3

Business Name _____ **Address** _____

Job Title _____ Supervisor _____ Telephone (Include area code) _____

Work Performed _____

From _____ To _____ \$ _____ _____ Full Time _____ Part Time
Dates Employed _____ Hourly Rate/Salary _____

SECTION F - APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that I will be subject to a criminal background check (form attached) and that any false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

This application for employment shall be maintained by the District for a period of three years. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer to me in writing.

Signature of Applicant _____ Date _____

PERMISSION FOR BACKGROUND CHECK
Argyle Schools, 14665 State Highway 78, Argyle, WI 53504

In order to provide a safe environment for our students, we reserve the right to check references and review relevant public documents regarding criminal activity of any prospective employee who may have contact with our students. For this reason, please provide information as requested below:

Name: _____
Last, First, Middle, and Maiden

Address: _____
Street, City, State, Zip Code

Date of Birth: _____ **Social Security Number:** _____

I acknowledge the arrests and convictions listed below (date, location, and offense):

I authorize the Argyle Schools to process my application as a prospective employee by reviewing my personal and professional background. I understand and agree that a full and complete examination of my professional and personal history is necessary to a complete assessment of my character, fitness, skill, and ability to successfully perform the functions for which I am applying. I consent to having the Argyle Schools and its agents conduct a full and complete background check including, but not limited to, contacts with and/or inspection of previous employers, supervisors, and co-employees, law enforcement records, driving records, court records, personal contacts, professional contacts and associations, personal and professional references, academic institutions and personnel, and any and all other potential sources of information which may, in the discretion of District personnel, be relevant to my candidacy.

I do freely consent to such inquiries being conducted and, as such, do hereby agree to waive and forever release and discharge the District, its present and former agents, assigns, and subsidiaries of any and all claims, demands, damages, actions, and causes of action of whatever kind or nature that might otherwise arise out of such inquiries, including, but not limited to, matters arising at law, in equity, under the District's policies, procedures, contracts, practices or any other written instruments, standards, or protocols, or in State or Federal agencies, courts, or other tribunals of competent jurisdiction, without limitation.

Signature: _____ **Date:** _____