

BARNEVELD SCHOOL DISTRICT
 (an equal opportunity employer)
Employment Application
304 S. Jones Street/PO Box 98
Barneveld. WI 53507-0098

Position for which you are applying *This must be filled in*						Date of Application	
Each item of this application is important. Please read and complete carefully and accurately. (Please Print) Failure to Answer all Questions may result in Rejection of the Application							
Last Name		First Name			Middle Name		
Present Street Address		City	State	Zip Code	Telephone Number		No. of yrs at this residence
Street Address to Which You Wish Correspondence Sent		City	State	Zip Code	Telephone Number		
Date You Will Be Available		Social Security #			Driver's License #		
Have You Filed an Application With Us Before?		<input type="checkbox"/> No <input type="checkbox"/> Yes When? Date:		Under What Name Name:			
High School		Location					
Extracurricular Activities							
Additional Education (Most Recent First)							
Name and Location of School		Dates Attended Mo./Yr.-Mo./Yr.	Degree	Grade Avg.	Point Scale	Type of Training	
Have you ever been convicted of a crime, including any ordinance violation (exclude traffic violations resulting in fines less than \$150.00)? ___ No ___ Yes. Answering yes to this question will not necessarily preclude consideration of your application for employment. The School District conducts criminal background checks on every employee. If yes, please give an explanation on the back of this application.							
Work Experience (List Most Recent First)							
Dates (Month/Year) From To		Employer	Type of Work	Your Position	Your Highest Rate of Pay	Reason For Leaving	
Supervisor (Name, Title, Telephone)							
Dates (Month/Year) From To		Employer	Type of Work	Your Position	Your Highest Rate of Pay	Reason For Leaving	
Supervisor (Name, title, Telephone)							
Dates (Month/Year) From To		Employer	Type of Work	Your Position	Your Highest Rate of Pay	Reason For Leaving	
Supervisor (Name, Title, Telephone)							
The district requires a physical examination and tuberculosis test of every employee. You have any handicapping condition(s) which might affect your ability to perform effectively in the position for which you are applying ___ No ___ Yes. If yes, what accommodations can the school district provide to assist you?							

(over)

Have you ever been non renewed/terminated/or fired? ____No ____Yes

If yes, please give an explanation in the space provided.

Have you ever resigned, quit, or left employment under the circumstances of being non renewed/terminated/ or fired? ____No ____Yes

If yes, please give an explanation in the space provided.

Please list three (3) personal references:

Name	Relationship (family member, pastor, friend, etc.)	Phone Number
1.		
2.		
3.		

My signature certifies that all statements made on this application are true and complete to the best of my knowledge. I understand that any false information or misrepresentation of factual information contained herein may be cause for dismissal. I authorize the district to contact past employers and other references. I understand that only the Board of Education can offer me an employment contract. Any discussion with the Administrator or other employee about wages or work conditions are not binding and will not be construed as an offer or guarantee of employment. If I am hired, I authorize the district to respond to reference checks from future employers.

Date: _____ Signature of Applicant _____

The Barneveld School District does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status, sexual orientation, or disability.

District Administrator, Brett Stousland, Compliance Coordinator for Title IX and Section 504 and ADA.

Complaints may be filed in the District Administrator's office at the following address: 304 S. Jones St., Barneveld, WI 53507. Telephone number 608-924-4711, email bstousland@barneveld.k12.wi.us .