# School District of Horicon Horicon, Wisconsin

		Custodial/N	Maintenand	ce Employm	ent Application	n	
				Date			
Send Completed Application to: School District of Horicon 611 Mill St. Horicon, Wisconsin 53032				If you require accommodation for any handicapping or disabling condition in the application and/or interview process, please inform us.			
Name							
Last				First	M	iddle	
AddressStreet			City		State	e Zip Phone	2)
Position you wish to	apply for _						
Do you desire part-	time or full-ti	me work?					
Date available for e	mployment:						
Have you ever filled out an application with this District?If yes, explain On reverse side of this sheet, list a complete residential history since High School. (cities of resident)							
	Educational Background						
High School							
	Name			City	State		
Post Secondary School Date Attended Degree/Diploma/Certification Awarded							
<b>Employment History (List in order with present or last employer first)</b>							
Employer		Dates	Nature of	Position	Rate of Pay	Reason for L	Leaving

It is the policy of the School District of Horicon that no person shall be discriminated against on the basis of sex, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, handicap or physical, mental, emotional or learning disability.

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### **Custodial Maintenance Employment Application**

Directions: Please answer each of the following questions as best you can. The space provided should be adequate, but if more space is needed please attach additional pages. Please write or type your response. You may format this page for word processing.

1.	List all experiences and training that relate to the position for which you are applying.
2.	Why are you interested in this position?
3.	What makes you an especially strong candidate for this position?

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References					
For reference purposes only, please complete the following information.					
Social Security Number	F				
Driver's License Number	r	City	State		
May we contact your current supervisor and any references or individuals associated with your current employer?					
Check One: Yes	No O				
If no, please indicate why	<i>i</i> .				
Please indicated an immed	diate supervisor. Home phone nu	mbers assist us in making timely	y reference checks.		
Name	Company	Position			
Address	City	State			
Home Phone	Work Phone				
Name	Company	Position			
Address	City	State			
	·	State			
Home Phone	Work Phone				
Name	Company	Position			
Address	City	State			
Home Phone	Work Phone				
Name	Company	Position			
Address	City	State			
Home Phone	Work Phone				

Continuation	1 of Humaniess
	lication for employment is true and correct to the best of or omissions may be cause for rejection or may be cause
Candidate's Signature	Date
Authorizat	on and Release
information on behalf of the School District of Horicon. I understate necessarily limited to performance evaluations and reports, job despublic record information regarding my suitability for employment authorization and release is as valid as the original and should be conformation, school or government agency, its officers, employees all claims, liability, demands, causes of action, damages, or costs, i unknown, anticipated or unanticipated, arising from or incident to the conformation of the school	elease any and all information concerning my former employment any other person or entity making a written or oral request for such and that the employment information may include, but is not criptions, disciplinary reports, letters of reprimand, opinions, and possessed by it. In addition, I recognize that a copy of this considered as such.  Indemnify and hold harmless such former employer, person, firm, and agents, and any person contacted as a reference from any and including attorney's fees, present or future, whether known or the disclosure or release except for the malicious and willful in the express purpose of preventing me from obtaining employment
Candidate's Signature	Date
Wisconsin Statute (118.25) requires a physical examination incompared to have such an examination? Yes No  Do you have any reason to believe you would not pass such an examination are you prevented from lawfully becoming employed in this converse No  Proof of citizenship or immigration status will be required upon thave you ever been found guilty of or do you presently have possible in accordance with State law pending charges or convictions we related to circumstances of the particular job.) Yes No	examination?untry because of VISA or Immigration Status?  n employment.  ending any violations of law other than minor traffic violations?  vill not be used or considered unless they are substantially

Certification of Truthfulness

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This application will be kept active for one year. Please inform us in writing of changes or a desire to keep your file active.

Applicants are required to provide information about any conviction records or pending charges. This information will be retained in your application file which is **confidential**. Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job.

### APPLICANT CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

NAME (Last, First MI	)	DATE OF BIRTH (Month/Day	/Year)	SOCIAL SECURITY NUMBER			
STREET ADDRESS		CITY, STATE, ZIP CODE					
FORMER NAME (if applicable)		DAY PHONE: EVENING PHONE:					
1. Do you	have criminal o	harges pending against you	? YES	. NO			
		ed of any crime anywhere, i ribal courts? YES No		ederal,			
If you answered "YI necessary)	ES" to any of th	e above questions, please in	dicate: (Attac	ch additional pages if			
The nature of the offen	se						
Date of offense	Date of conviction						
Name and location of o	court						
Please discuss the deta	ils of the incident	and the disposition/outcome (sent	ence, fine, prob	ation, Huber, suspension).			
The nature of the offen	S.P.						
The nature of the orien	.sc						
Date of offense	Date of convict	ion					
Name and location of o	court						
Please discuss the deta	ils of the incident	and the disposition/outcome (sent	ence, fine, prob	ation, Huber, suspension).			
I state that all the infer	mation is true and	complete to the best of my knowl	ladge and Lunds	protond that any			
falsification or omission	on of information r	nay disqualify me for this position ck and verify the information pro	n. By signing th				
APPLICANT SIGNATURE DATE SIGNED							