

**School District of Horicon
Horicon, Wisconsin**

Food Service Employment Application

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
Middle

Address _____
Street
City
State
Zip
Phone

Position you wish to apply for _____

Do you desire part-time or full-time work? _____

Date available for employment: _____

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

Employment History (List in order with present or last employer first)

| Employer | Dates | Nature of Position | Rate of Pay | Reason for Leaving |
|----------|-------|--------------------|-------------|--------------------|
| | | | | |
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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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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 _____ Place of Birth _____
City State

Driver's License Number _____

May we contact your current supervisor and any references or individuals associated with your current employer?

Check One: Yes No

If no, please indicate why.

Please indicated an immediate supervisor. Home phone numbers assist us in making timely reference checks.

| | | |
|-------------------|-------------------|-----------------|
| Name | Company | Position |
| Address | City | 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 | |

| | | |
|-------------------|-------------------|-----------------|
| Name | Company | Position |
| Address | City | State |
| Home Phone | Work Phone | |

Certification of Truthfulness

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Candidate's Signature

Date

Authorization and Release

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents, and any person contacted as a reference to release any and all information concerning my former employment to this prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of the School District of Horicon. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. In addition, I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents, and any person contacted as a reference from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment with the officer, employee or agent disclosing such facts which are known to be true.

Candidate's Signature

Date

Wisconsin Statute (118.25) requires a physical examination including x-ray or tuberculin test. If offered a position would you agree 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 country because of VISA or Immigration Status? Yes _____ No _____

Proof of citizenship or immigration status will be required upon employment.

Have you ever been found guilty of or do you presently have pending any violations of law other than minor traffic violations? (In accordance with State law pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.) Yes _____ No _____ If yes, please explain:

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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 charges pending against you? ... YES ... NO
2. Have you been convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ... YES ... NO

If you answered "YES" to any of the above questions, please indicate: (Attach additional pages if necessary)

| | |
|--|--------------------|
| The nature of the offense | |
| Date of offense | Date of conviction |
| Name and location of court | |
| Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension). | |

| | |
|--|--------------------|
| The nature of the offense | |
| Date of offense | Date of conviction |
| Name and location of court | |
| Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension). | |

| | |
|---|-------------|
| I state that all the information is true and complete to the best of my knowledge and I understand that any falsification or omission of information may disqualify me for this position. By signing this form, I authorize the Department to conduct a background check and verify the information provided above. | |
| APPLICANT SIGNATURE | DATE SIGNED |