

# Big Foot High School

401 DEVILS LANE • P.O. BOX 99 • WALWORTH, WI 53184 • VOICE: (262) 275-2116 • FAX: (262) 275-5117

## Application for Employment–Non-certified Staff

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Desired Position: \_\_\_\_\_

### Work Experience (Most Recent First)

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Position/Duties: \_\_\_\_\_



Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Position/Duties: \_\_\_\_\_



Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Position/Duties: \_\_\_\_\_



May we contact your supervisor(s)? ☐ Yes ☐ No

When are you available to start work? \_\_\_\_\_

What was your salary/wage at your last job? \_\_\_\_\_ What salary/wage do you expect at this job? \_\_\_\_\_

**Education** (Most Recent First)

School	Address	Date of Attendance	Degree/Diploma
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**Background Checks**

Big Foot High School conducts background checks on all adult employees. May we do a background check on you? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

The following information is optional and will be used only for the purpose of the background check. It will not be considered for employment purposes.

Date of Birth: \_\_\_\_\_ Maiden Name \_\_\_\_\_

**References**

Name	Relationship	Address	Telephone Number
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**Nondiscrimination Statement**

Big Foot High School does not discriminate on the basis of sex; race; national origin; ancestry; creed; religion; pregnancy; marital or parental status; sexual orientation; or physical, mental, emotional, or learning disability or handicap as required by s.118.13, Wisconsin Statutes.

**Signature**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that falsified statements on this application can be considered as sufficient cause of discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_