

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

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

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 _____