

BARRON AREA SCHOOL DISTRICT
 OFFICE OF THE SUPERINTENDENT
 100 West River Avenue
 Barron, WI 54812

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

| | | | |
|--|----------------------------|--------|--|
| NAME | | | DATE |
| NAME | | | SOCIAL SECURITY NUMBER |
| LAST | FIRST | MIDDLE | |
| PRESENT ADDRESS | | | |
| STREET | | CITY | STATE ZIP |
| PERMANENT ADDRESS | | | |
| STREET | | CITY | STATE ZIP |
| PHONE NO. | ARE YOU 18 YEARS OR OLDER? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

LAST

FIRST

MIDDLE

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT ____ FEET ____ INCHES

WEIGHT ____ LBS.

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ _____ WRITE _____

Have you ever been convicted of a felony or misdemeanor within the last 5 years? ** Yes _____ No _____ Describe _____

ARE YOU A U.S. CITIZEN? YES _____ NO _____

Date of Birth* _____

I understand and agree that I may be required to take one or more: 1) physical examination: 2) lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes _____ No _____

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law.

*** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

| | | |
|--|--------------------|----------------|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? | | |

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

| EDUCATION | NAME AND LOCATION OF SCHOOL | NO OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|----------------------|-------------------|------------------|
| ELEMENTARY SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

*The Age of Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are least 40 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

| | | |
|--------------------------------|------|--|
| U.S. MILITARY OR NAVAL SERVICE | RANK | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES |
|--------------------------------|------|--|

FORMER EMPLOYERS (LIST BELOW THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK WHICH YOU'RE BEING CONSIDERED? Yes No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? _____

PLEASE DESCRIBE: _____

IN CASE OF

EMERGENCY NOTIFY

| | | |
|------|---------|-----------|
| NAME | ADDRESS | PHONE NO. |
|------|---------|-----------|

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW BY _____ DATE _____

HIRED: Yes No POSITION _____ DEPT _____

SALARY/ WAGE: _____ DATE REPORTING TO WORK _____

| | | | |
|-----------|--------------------|------------|-----------------|
| APPROVED: | 1 | 2 | 3 |
| | EMPLOYMENT MANAGER | DEPT. HEAD | GENERAL MANAGER |

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which , when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.