



COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT

S2770 State Road 35
Fountain City, WI 54629
(608) 687-4391

APPLICATION FOR EMPLOYMENT

Date of Application _____

PERSONAL INFORMATION

Name _____ (Last) (First) (Middle)
Mailing address _____ (Street) (City) (State) (ZIP)
Social Security Number _____
Home Telephone _____ Work Telephone _____
Email _____

Position for which you are applying _____

Are you a citizen of the United States? Yes _____ No _____

EDUCATION

	Name and Location of School	Dates Attended	Did You Graduate?	Degree/ Major(s)
High School				
University, College or Technical School				

List additional courses or training you have completed related to your field or profession.

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EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Name of Employer	Employed from _____ to _____ <div style="text-align: center;">Mo./Yr. Mo./Yr.</div> Total Years _____ Full Time or Part Time (circle one) Salary _____
Address	
Name of Supervisor/Title _____ Supervisor's Business Phone _____	
State Job Title and Describe Your Work	

Name of Employer	Employed from _____ to _____ <div style="text-align: center;">Mo./Yr. Mo./Yr.</div> Total Years _____ Full Time or Part Time (circle one) Salary _____
Address	
Name of Supervisor/Title _____ Supervisor's Business Phone _____	
State Job Title and Describe Your Work	

Name of Employer	Employed from _____ to _____ <div style="text-align: center;">Mo./Yr. Mo./Yr.</div> Total Years _____ Full Time or Part Time (circle one) Salary _____
Address	
Name of Supervisor/Title _____ Supervisor's Business Phone _____	
State Job Title and Describe Your Work	

Name of Employer	Employed from _____ to _____ <div style="text-align: center;">Mo./Yr. Mo./Yr.</div> Total Years _____ Full Time or Part Time (circle one) Salary _____
Address	
Name of Supervisor/Title _____ Supervisor's Business Phone _____	
State Job Title and Describe Your Work	

List additional relevant employment on a separate sheet. May we contact the employers listed above? Yes _____ No _____

If "no", please explain _____

Describe any special skills or past experience, which would pertain to this position for which you may qualify.

Have you ever lived, worked, or attended school outside of Wisconsin? Yes No State(s) _____

Are you the subject of any pending criminal charges? Yes No

Have you ever been convicted of a crime (other than minor traffic offenses)? Yes No

NOTE: A pending criminal charge or past criminal conviction will not automatically bar your employment.

Have you ever resigned, been disciplined or dismissed from any teaching or other school position for immoral or unprofessional conduct or for unfitness for service? Yes No N/A

Have you ever had a certificate or license to teach or perform other school duties denied, revoked, or suspended? Yes No N/A

Have you ever resigned, been suspended or discharged due to conduct relating to the health, welfare, safety, or education of a pupil? Yes No N/A

Is disciplinary action of your educationally related license pending in any other state? Yes No N/A

NOTE: For all "yes" answers, attach a detailed written explanation, including all relevant documentation (i.e., letters, court documents, etc.).

REFERENCES

List below the names of three persons not related to you whom you have known at least one year.
Those who know of your work are of special significance.

Name _____	Name of Business or Agency _____
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Address _____
City/State/ZIP _____ Telephone _____

Name _____	Name of Business or Agency _____
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Address _____
City/State/ZIP _____ Telephone _____

Name _____	Name of Business or Agency _____
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Address _____
City/State/ZIP _____ Telephone _____

COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT AUTHORIZATION FOR RELEASE OF INFORMATION AND AFFIRMATION OF ACCURACY OF APPLICATION

Please read carefully before signing this form.

I authorize Cochrane-Fountain City School District to investigate my personal employment history and authorize any former employer, person, firm, corporation or government agency to give C-FC School District any information they may have regarding me.

In consideration of the C-FC School District review of this application, I release from all liability or legal claims the C-FC School District and every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

Signature: _____ Print Name: _____

Date: _____

The Cochrane-Fountain City School District 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 contained in the American Disabilities Act.