

Return completed application and letter of application. Resume and transcripts may be requested.

SPARTA AREA SCHOOL DISTRICT

900 EAST MONTGOMERY STREET

SPARTA, WI 54656

Telephone (608) 366-3400

Revised
July 2020

An equal opportunity employer.

APPLICATION FOR EMPLOYMENT

(Please complete all spaces)

Position(s) applied for: _____

Date of application: _____ Areas of certification: _____

PERSONAL

Name _____
(First) (Last) (Middle)

Current Address _____
(Street) (City) (State) (Zip)

Telephone _____
(Home) (Work)

E-Mail Address _____

Previous Address _____
(Street) (City) (State) (Zip)

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	YEARS ATTENDED	GRADUATED	SUBJECT/MAJOR
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER EDUCATION				
OTHER EDUCATION				

Work Experience — Please list your last 4 employers. Please account for any lengthy periods of unemployment.

Employer-Company/School	Dates	Job Title/Duty	Wage/Salary	Reason For Leaving
Name				
Address				
Name				
Address				
Name				
Address				
Name				
Address				

Have you ever been employed by Sparta Area School District? Yes _____ No _____

State previous position and appropriate building. _____

May we contact your current employer for references? Yes _____ No _____

If yes, please sign and date here _____
(Signature) (Date)

The Sparta Area School District Board of Education complies with all Federal laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of the Sparta Area School District Board of Education that no person on the basis of race, color, national origin, sex, or handicap shall be discriminated against, or otherwise be subjected to discrimination in employment or promotion.

References - Please list four non-family members for reference. Please include past/present supervisors.

Name	Address	State	Zip	Telephone	Title

In the space provided, please explain your qualifications, abilities, and training. Include your reasons for seeking the responsibility you are applying for.

Have you ever been dismissed or non-renewed, or have you resigned from employment in-lieu-of a potential dismissal or non-renewal, for any of the following causes: failure to meet the District's performance expectations, incompetence, inefficiency, neglect of duty, unprofessional conduct or insubordination? Yes No

Is there a criminal charge, felony or misdemeanor, currently pending against you which would substantially relate to the position you are applying for with the District? Yes No. If you checked "yes" please give a brief description of the pending charges.

Have you ever been convicted of a crime, felony or misdemeanor, which would substantially relate to the position you are applying for with the District or which would affect your ability to be bonded? Yes No. If you checked "yes" please give a brief explanatory statement.

Conviction of a crime or arrest is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

ACCEPTANCE, RETENTION OR REVIEW OF THIS APPLICATION FOR EMPLOYMENT BY THE DISTRICT DOES NOT GUARANTEE THAT AN APPLICANT WILL BE OFFERED A JOB. ANY MISREPRESENTATION OR WILLFUL OMISSION OF FACTS BY THE APPLICANT ON THIS APPLICATION WILL CONSTITUTE SUFFICIENT CAUSE TO DISQUALIFY THE APPLICANT OR TERMINATE THE APPLICANT'S EMPLOYMENT.

I certify that all information contained in this application is correct and accurate, and I hereby authorize the District to conduct work history and personal reference inquiries to determine my acceptability for employment.

Signature of Applicant

Date

SPARTA AREA SCHOOL DISTRICT
900 EAST MONTGOMERY STREET
SPARTA, WI 54656
TELEPHONE 608-366-3400

AUTHORIZATION AND RELEASE

I am currently seeking employment with the Sparta Area School District.
I voluntarily and knowingly authorize my former employer(s)

_____ Employer	_____ Contact Name	(____)____-_____ Telephone
_____ Employer	_____ Contact Name	(____)____-_____ Telephone
_____ Employer	_____ Contact Name	(____)____-_____ Telephone
_____ Employer	_____ Contact Name	(____)____-_____ Telephone

and its officers and agents to release any and all information concerning my employment to the Sparta Area School District and its School Board, employees and agents. I understand that the information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold the employer(s) listed above, its officers, employees, and agents 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 opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory statements concerning my employment which the officer, employee or agent disclosing such statements knows are untrue.

Signed this _____ day of _____, 20_____.

Signature of former employee

Witness

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