

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Location of High School:			
TRAINING BEYOND HIGH SCHOOL (College Or University or other schools you have attended) Under Credits Earned, indicate Q or Quarter Hours and S for Semester Hours		Circle the number of years in College or University: 1 2 3 4 5 6 7 8			
NAME AND LOCATION	Dates Attended FROM TO	Credits Earned	Major Field	GPA/Base	Degree and Year Conferred

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Be specific. Attach additional sheets if more space is required.

List any organizations you belong to (or have belonged to) and any job related honors or awards you have received:

PROFESSIONAL LICENSES

	TYPE	DATE CERTIFICATION CODE	STATE REGISTRATION #	EXP.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I have carefully examined the information provided on or with this page, and I hereby certify that it is true and complete _____

PREVIOUS WORK EXPERIENCE

Provide a complete description for your last three employers or last ten years whichever occurs first. Start with present or most recent employer. BE SPECIFIC. Indicate any changes in job title under the same employer as a separate position. Please attach a separate page, if more space is required.

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties and Responsibilities:		Name of Supervisor Telephone Number _____
		Total Time Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time From (Month & Year) To (Month & Year)
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties and Responsibilities:		Name of Supervisor Telephone Number _____
		Total Time Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time From (Month & Year) To (Month & Year)
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code

Your Duties and Responsibilities:	Name of Supervisor	Telephone Number

	Total Time Employed	
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
	From (Month & Year)	To (Month & Year)

I have carefully examined the information provided on or with this page, and I hereby certify that it is true and complete

Initials

CRIMINAL/CIVIL INFORMATION

NOTE: CONVICTIONS OR PENDING CRIMINAL CHARGES ARE NOT AN ABSOLUTE BAR TO EMPLOYMENT. THEY WILL BE CONSIDERED ONLY IF THERE IS A SUBSTANTIAL RELATIONSHIP TO THE CIRCUMSTANCES OF THE JOB FOR WHICH YOU ARE APPLYING.

For any "YES" response to the following questions in italics, please attach a detailed written explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. In addition, submit any other relevant court documents pertinent to any of the questions raised.

1. Have you ever been investigated for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession? ___ YES ___ NO
2. Have you ever had a professional certificate or license denied, revoked or suspended? ___ YES ___ NO
3. Is disciplinary action relating to any of your professional certificates or licenses currently pending in any State? ___ YES ___ NO
4. Have you ever been convicted of any felony or misdemeanor criminal offense? ___ YES ___ NO
5. Is any criminal charge currently pending against you in any State? ___ YES ___ NO
6. Have you or any of your employers ever been a party to a civil settlement, award or agreement of any kind that involved your conduct as an employee? ___ YES ___ NO
7. Have you ever been sued in any civil court action, including but not limited to, small claims court? ___ YES ___ NO

REFERENCES

Please list three references (not relatives or employers) to contact who are acquainted with your work history and personal character:

Name

Title/O

Occupation
Address
Telephone

1. _____
2. _____
3. _____

I, the undersigned, do hereby give my permission for the Peshtigo School District to do a criminal and character background check on myself.

Signature of Applicant

Date

If you need pre-employment accommodations, please contact the District Administrator at 715-582-3677.

The Peshtigo School District does not discriminate on the basis of race, color, religion, creed, sex or sexual orientation, national origin, ancestry, disability, pregnancy, marital or parental status.

I have carefully examined the information provided on or with this page, and I hereby certify that it is true and complete.

Initials