



SCHOOL DISTRICT OF ST. CROIX FALLS

(Home of the Saints)

Phone: 715-483-9823

Fax: 715-483-3695

740 Maple Drive
PO Box 130
St. Croix Falls, WI 54024
www.scf.k12.wi.us

ALL PROSPECTIVE APPLICANTS

2007-2008 School Year

It is the desire of the School District of St. Croix Falls to provide information necessary so each person can make an informed decision on whether he/she wishes to be a serious candidate for a position with the School District of St. Croix Falls.

No person shall be considered an applicant for any position unless the following have been completed:

Professional staff shall supply the following in order to be considered for employment:

- ∞ Letter of Application*
- ∞ St. Croix Falls School District Application Form*
- ∞ Resume*
- ∞ Transcripts of Credits Earned*
- ∞ Letters of Recommendation*
- ∞ Copy of Teaching License*

Support staff applicants shall supply the following:

- ∞ Letter of Application*
- ∞ St. Croix Falls School District Application Form*
- ∞ Resume (if available)*
- ∞ Other information as requested by employer*

A limited number of applicants who appear to best fit the needs of the School District of St. Croix Falls shall be invited for a formal interview. Interviews are arranged by invitation through the respective building administrator or supervisor.

We appreciate your consideration of St. Croix Falls School District and hope this information will assist you in the process of becoming an active applicant and possibly an employee of this District.



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APPLICATION FOR EMPLOYMENT

I. PERSONAL HISTORY

Date of Application _____

NAME: _____ **PHONE NO.** _____ **SOC. SEC. #** _____

PRESENT ADDRESS: _____
Street/Route/Box City State Zip

Cell Phone Number: _____ **E-Mail Address** _____

POSITION(S) APPLIED FOR: _____

HOW DID YOU HEAR OF THIS OPENING? _____

HAVE YOU WORKED FOR US BEFORE? No Yes **If Yes, When?** _____

Previous Job Title: _____

Reason for Leaving: _____

TYPE OF EMPLOYMENT DESIRED? FULL TIME PART TIME EDUCATIONAL CO-OP
 SEASONAL TEMPORARY

HAVE YOU EVER BEEN FOUND "GUILTY" OR "NO CONTEST" TO, OR CONVICTED OF A CRIME IN THE PAST 10 YEARS? (Exclude traffic violations unless you are applying for a bus driving position.) (A criminal record does not constitute an automatic bar from employment but only will be considered if it substantially relates to the job.) No Yes

PLEASE LIST PENDING CHARGES: _____

If yes, please provide date(s) and details _____

II. EDUCATION – (You may skip this part if it's a part of your resume.)

EDUCATIONAL ATTENDANCE	CERTIFICATION/DEGREE REC'D
High School	
Vocational School	
College/University	

EXPLAIN ANY SPECIALIZED TRAINING, ADDITIONAL SCHOOLING, OR EDUCATIONAL AWARDS: _____

Computer Skills _____

PREVIOUS EMPLOYMENT (Most recent first.)

- | | | |
|----|---|--|
| 1. | EMPLOYER _____
Phone Number: _____
Contact Person _____
Dates Worked: _____ | ADDRESS _____

Position: _____ |
| 2. | EMPLOYER _____
Phone Number: _____
Contact Person _____
Dates Worked: _____ | ADDRESS _____

Position: _____ |
| 3. | EMPLOYER _____
Phone Number: _____
Contact Person _____
Dates Worked: _____ | ADDRESS _____

Position: _____ |

WORK REFERENCES (List 3)

- | | |
|---|--|
| Name: _____
Phone (H) _____
Phone (W) _____ | Address _____

_____ |
| Name: _____
Phone (H) _____
Phone (W) _____ | Address _____

_____ |
| Name: _____
Phone (H) _____
Phone (W) _____ | Address _____

_____ |

III. CONDITIONS OF EMPLOYMENT

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information may result in disqualification of the applicant or termination from employment.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. A photocopy of this release shall be as valid as the original, and may be relied on by all persons providing information.

I authorize you to request, receive and verify all information given in this application.

I further acknowledge that if I am employed by the District, my employment will be at will, and may be terminated with or without cause at any time by me or by the District, except as may be required by law.

I understand that no representative of the District has any authority to enter into any agreement for employment for any specified period of time or to assure any benefits or terms and conditions of employment other than those authorized by the Board of Education, either prior to commencement of employment or after I have been employed.

I understand that if I am hired, I will be required to provide proof of identity and complete an I-4 Form in regard to federal immigration laws.

I certify that I have read, fully understand, and accept all terms of the foregoing Application Statements.

Applicant Signature: _____

Date: _____