



Waterford Graded School District

819 W. Main Street, Waterford, Wisconsin 53185 • (262) 514-8250

FAX (262) 514-8251
Equal Opportunity Employer

Recreation Department Employment Application

Personal Data

Date of Application: _____

Name: _____
Last Name First Name M.I.

Present Address: _____
Street

City _____ State _____ Zip Code _____

County _____ Email Address: _____

Social Security # _____

Please list numbers where we may reach you

Home No. _____
Include Area Code

Work/Cell No. _____
Include Area Code

Are you legally able to work in the United States? Yes No Are you over the age of 18? Yes No

Do you have relatives in the district? If yes, who? _____

Employment Desired

Position Desired: _____

Date you can start: _____

Describe any special skills or abilities you possess which you feel make you qualified for this position.

Education and Training Record

High School City, State	Check Highest Year Completed				Did you Graduate?	Graduation Yr.	Type of Diploma Received
	9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College City, State	Check Highest Year Completed				Did you Graduate?	Major Course of Study	Type of Diploma Received
	1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Former Employers (list your last three employers; most recent first)

Date (Month and Year)	Name and Address of Employer	Position	Salary	Reason Left
From _____ to _____				
From _____ to _____				
From _____ to _____				

Have you ever been discharged or asked to resign from a prior position? Yes No
 If yes, please explain on reverse side of this page.

References

Name	Address & Phone	Profession	Years Acquainted

Release/Certification

I authorize the Waterford Graded School District to investigate all statements contained herein, to contact references, and to investigate my personal employment history. I authorize any former employer, person, firm, corporation or government agency to give the Waterford Graded School District any information regarding my employment history, to release any and all job related information. I further waive my right of access to the information provided by any reference. I authorize the review of my certification/licensing file accessed through the Department of Public Instruction.

In consideration of the Waterford Graded School District's review of this application, I release from all liability and/or legal claims the Waterford Graded School District and every person seeking or providing information, whether it be 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.

Further, I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that if, in the judgment of the Waterford Graded School District, any false or misleading statements are made by me, or if I omit information requested of me, my application may be rejected, an offer of employment may be withdrawn, or, if employed, I may be terminated.

Signature: _____

Date Signed: _____