

Support Staff Employment Application

Send to: District Office, W23597 US Highway 10, Strum WI 54770

School District of Eleva-Strum

An Equal Opportunity Employer

Print or Type

If you need assistance completing this application, please advise us of your needs.

Last Name		First Name			Middle Name		Date
Present Address - Street		City	State	Zip Code	Home Phone ()		Message Phone ()
Have you ever been employed by Eleva-Strum School ? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____ Position: _____		Have you ever filed a resume or employment application with Eleva-Strum Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Position? _____ When? _____			Please list any other name by which you have been known to verify education and work records.		
Can you furnish proof of U.S. Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position for which you are applying.					
Education	Number of Years Attended	Diploma/Degree and Date	Education/Major/Specialty		Name of School	City and State	
High School							
Undergraduate Education							
Additional Education							
Current professional licenses and registrations. Give state, title of license, certificate number and expiration date.							
Membership/activities in any related professional associations, significant presentations/publications, college and other honors.							

Instructions: Chronologically list employment and unemployment for the past ten years (as space allows), beginning with your most recent employment. For each activity include specific duties, and responsibilities. Attach resume. For military service, identify only those skills relevant to the position desired.

POSITION ONE (most recent position)

From Month/Year	To Month/Year	Total Months	Duties				
Full Employer Name							
Main Office Address		City					
State	Zip	Name and Title of Supervisor					
Type of Business		Supervisor Phone Number ()					
Starting Position		Monthly Base Salary					
Last Position		Monthly Base Salary			Location of Work		Reason for Leaving

POSITION TWO

From Month/Year	To Month/Year	Total Months	Duties	
Full Employer Name				
Main Office Address			City	
State	Zip	Name and Title of Supervisor		
Type of Business		Supervisor Phone Number ()		
Starting Position		Monthly Base Salary		
Last Position		Monthly Base Salary	Location of Work	Reason for Leaving

POSITION THREE

From Month/Year	To Month/Year	Total Months	Duties	
Full Employer Name				
Main Office Address			City	
State	Zip	Name and Title of Supervisor		
Type of Business		Supervisor Phone Number ()		
Starting Position		Monthly Base Salary		
Last Position		Monthly Base Salary	Location of Work	Reason for Leaving

Business or Professional Reference:				
Name	Years Known	Occupation	Complete Address	Daytime Phone

Authorization to Work in the United States:

I am authorized to work in the United States and I understand that under the Immigration Reform and Control Act of 1986, upon hire, I will be required to provide documents verifying my identity and eligibility to work in the United States.

Verification of Information:

Authorization is granted to former employers and individuals listed to release information on my ability, performance and verification of matters stated. The School District of Eleva-Strum reserves the right to verify any and all information on employment applications and any other work-related documents during both the application process and employment. Any falsification, misrepresentation or omission of relevant information will be grounds for cancellation of this application or termination of employment.

I have read, understand and agree to all of the above-stated conditions of employment. I certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentations may subject me to disqualification or dismissal.

Date _____

Applicant's Signature _____