

RICHFIELD JOINT SCHOOL DISTRICT NO. 1

P.O. Box 127
3117 Highway 167
Richfield, Wisconsin 53076
1-262-628-1032

NON-CERTIFIED APPLICATION FORM

PERSONAL

Name _____ Date _____

Position Desired _____ Soc. Sec. # _____ - _____ - _____

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

Phone Number () _____ Date of Birth _____ Place of Birth _____

U.S. Citizen? Yes No ~ Veteran? Yes No

Have you ever been arrested? Yes No If yes, for what reason ? _____

EDUCATION

Name of School or College Attended	Location	Dates Attended	Courses Taken	Year of Graduation	Degree Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

WORK EXPERIENCE

(List most recent, first)

Dates	Employer's Name	Address	Nature of Position	Salary	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERSONAL REFERENCES

Name	Address	Business or Profession	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

REMARKS

I herewith give the School Board the right to make inquire of police and any/all references to check the authenticity of the application.

Richfield Joint School District No. 1 does not discriminate in employment, program opportunities, or delivery of services.

The Richfield School District does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, sexual orientation, pregnancy, marital or parental status, or physical, mental, emotional or learning disability.

Signature

Date