

RICHFIELD JOINT SCHOOL DISTRICT NO. 1

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

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name _____
(Last) (First) (Middle)

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

Phone Number () _____ Social Security Number ____ - ____ - ____

Position For Which You Are Applying _____

Are You Currently Under Contract? _____ If so, please explain _____

Date Available for Employment in Richfield School District: _____

EDUCATIONAL PREPARATION AND TRAINING

High School _____ Location _____ Grad. Date _____

College/University Education (List most recent first) Name/Location of School	Dates Attended mo./yr. - mo./yr.	Degree	Gr. Pt. Ave. Scale

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

College: _____

High School: _____

A complete transcript of all undergraduate and graduate college work must be on file before an interview.

Richfield Joint School District No. 1 is an equal opportunity employer.

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

- OVER PLEASE -

PROFESSIONAL/EDUCATIONAL EXPERIENCE (List Most Recent First)

EXPERIENCE

Dates (mo./yr.) From: To:	District	Grade Level or Subject	Position	Reason for Leaving
Reference: _____ Name Title Telephone #				
Dates (mo./yr.) From: To:	District	Grade Level or Subject	Position	Reason for Leaving
Reference: _____ Name Title Telephone #				
Dates (mo./yr.) From: To:	District	Grade Level or Subject	Position	Reason for Leaving
Reference: _____ Name Title Telephone #				

OTHER WORK EXPERIENCE (List Most Recent First)

Dates (mo./yr.) From: To:	Name of Organization	Location City, State	Kind of Work	Reason for Leaving

PERSONAL STATEMENT

Prepare a hand-written statement to include teaching experiences or talent which in your estimation will contribute to your success in the position for which you are making application.

My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. If employed by this school district, I understand that any misrepresentation of factual information contained herein, may be cause for my dismissal.

Signature Date