



7300 N. Lombardy Road  
Milwaukee, WI 53217  
Phone: 414-247-4167  
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### APPLICATION FOR EMPLOYMENT

We appreciate your interest in the Fox Point-Bayside School District and look forward to reviewing your qualifications. It is the policy of the Fox Point-Bayside School District to extend its employment opportunities to qualified persons on a nondiscriminatory basis.

Qualified applicants receive equal consideration and no question is asked for the purpose of excluding an applicant due to age, race, religion, creed, color, handicap, martial status, sex, sexual preference, national origin, ancestry, arrest, or conviction record as prohibited by law or regulation. Fox Point-Bayside School District is an EQUAL OPPORTUNITY EMPLOYER.

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**Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
 (Last, First, Middle)

**Present Address** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_  
 (Street)

\_\_\_\_\_ **Alternate Number** \_\_\_\_\_  
 (City, State, Zip Code)

**Email Address** \_\_\_\_\_

**In Case Of Emergency Notify:**

**Name** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
 (Street) (City, State, Zip Code)

Are you a United States citizen or a Permanent Resident Alien? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not, what is your immigration status? \_\_\_\_\_  
 (If you are hired, you will be required to submit verification of your legal right to work in the United States.)

Position for which you are applying? \_\_\_\_\_

Are you applying for full-time \_\_\_\_\_ part-time \_\_\_\_\_ employment?

How were you referred to us? \_\_\_\_\_ Salary desired? \_\_\_\_\_

On what date can you start work? \_\_\_\_\_

What days can you work? Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

If necessary, are you able to work weekends and holidays? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied at Fox Point-Bayside School District before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Are you able to adequately perform the essential functions of the job with or without accommodations for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any friends or relatives working for the Fox Point-Bayside School District: \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a crime (other than a minor traffic violation)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

For what have you been convicted? \_\_\_\_\_

Do you have any pending criminal charges? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a current drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list your educational background**

Education	Name And Location Of School	Highest Grade Completed	Degree Or Diploma Earned	Course Studied
High School				
College				
Graduate				
Other				

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any commitments or agreement with another employer that could effect your employment with the district? \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

How much time did you miss from work in the last 12 months – other than vacation time or approved Family Medical Leave Act? \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list employers starting with your most recent**

<b>Employer And Name Of Immediate Supervisor</b>	<b>Address</b>	<b>Dates Of Employment (From) (To)</b>	<b>Position</b>	<b>Salary (Starting/Ending)</b>	<b>Reason For Leaving</b>

Explain any gaps in your employment history. \_\_\_\_\_

**Personal References** (Do Not Include Relatives Or Previous Employers)

<b>Name</b>	<b>Address</b>	<b>Business</b>	<b>Telephone Number</b>

Is there any special information you want us to consider in evaluating your qualifications? \_\_\_\_\_

I certify that the answers given to me in this application are true and correct without omission of any kind. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I agree that the Fox Point-Bayside School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies or persons to give any information requested regarding my employment, character, experience and qualifications and/or suitability for employment. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and I will not request copies of such information. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I understand that any offer of employment or continued employment, if hired, may be conditioned upon passing a physical examination, including substance abuse screening and a criminal background check. Refusal to participate will result in termination.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This application is current for forty-five (45) days. Incomplete applications will not be processed. The Fox Point-Bayside School District will not accept telephone updates of applications.

Lr  
6/15