

SHARON COMMUNITY SCHOOL



Joint District No. 11
104 School St.
Sharon, Wisconsin 53585
262-736-4477
www.sharon.k12.wi.us

Sara Andrus Ed.D., District Administrator

Application for Employment-Non-certified Staff

Date: _____ Social Security Number: _____ Date of Birth: _____

Full Name: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Desired Position: _____

Work Experience (Most Recent First)

Employer: _____

Supervisor: _____

Telephone Number: _____

Date of Employment: From: _____ To: _____

Description of Position/Duties: _____

✕

Employer: _____

Supervisor: _____

Telephone Number: _____

Date of Employment: From: _____ To: _____

Description of Position/Duties: _____

✕

Employer: _____

Supervisor: _____

Telephone Number: _____

Date of Employment: From: _____ To: _____

Description of Position/Duties: _____

May we contact your supervisor(s)? ☐ Yes ☐ No

When are you available to start work? _____

What was your salary/wage at your last job? _____

What salary/wage do you expect at this job? _____

Education (Most Recent First)

School	Address	Date of Attendance	Degree/Diploma
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Background Checks

Sharon Community School conducts background checks on all adult employees. May we do a background check on you? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain: _____

The following information is optional and will be used only for the purpose of the background check. It will not be considered for employment purposes.

Date of Birth: _____ Maiden Name: _____

References

Name	Relationship	Address	Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Nondiscrimination Statement

Sharon Community School does not discriminate on the basis of sex; race; national origin; ancestry; creed; religion; pregnancy; marital or parental status; sexual orientation; or physical, mental, emotional, or learning disability or handicap as required by s. 118.13, Wisconsin Statutes.

Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that falsified statements on this application can be considered as sufficient cause of discharge.

I have read the job description that pertains to the position stated on the first page of this form.

Signature _____ Date _____