

SPECIALIZED FIELDWORK APPLICATION

Please provide all requested information. Date of Application: _____/_____/_____

Name: _____ Address: _____

Cell Phone Number: _____ Social Security Number: _____

Do you hold a valid Wisconsin Drivers license? Yes or No (If yes, DL #: _____)

In the space provided, please list your last four employers or volunteer activities, starting with the most recent, including military experience.

1. Employer _____ Telephone _____

Address _____ Supervisor _____

Summarize the nature of the work performed

Reason for leaving _____

Dates employed: From _____ to _____ May we contact for reference? Yes or No

2. Employer _____ Telephone _____

Address _____ Supervisor _____

Summarize the nature of the work performed

Reason for leaving _____

Dates employed: From _____ to _____ May we contact for reference? Yes or No

3. Employer _____ Telephone _____

Address _____ Supervisor _____

Summarize the nature of the work performed

Reason for leaving _____

Dates employed: From _____ to _____ May we contact for reference? Yes or No

4. Employer _____ Telephone _____
Address _____ Supervisor _____

Summarize the nature of the work performed

Reason for leaving _____

Dates employed: From _____ to _____ May we contact for reference? Yes or No

References:

Please list name and telephone number of three business, work, school or personal references who are NOT related to you and are NOT previous supervisors.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

1. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the School's service if I have been employed.
2. I give the School the right to investigate all references, complete a criminal record check, driver license check and to secure additional information about me, if job related. I hereby release from liability the School and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.
3. The School is an equal opportunity employer. The School does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on any basis prohibited by local, state, or federal law.
4. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the School and still wish to be considered for employment, it will be necessary to fill out a new application.
5. I understand that just as I am free to resign at any time, if hired, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer as the authority to make any assurances to the contrary.
6. I understand it is the School's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the American with Disabilities Act.
7. I have read the attached job description for the position for which I am applying. This job description describes the essential and other functions of this job and I am able to perform all of the essential and other functions as described.
8. I understand that if hired, according to State of Wisconsin rule HSS 52, I am required to have a physical exam in which the results state that I do not have a communicable disease, illness or disability which could interfere with my ability to work with or care for students.
 - a. I understand that, if hired State of Wisconsin rules, HSS 52, required a physical exam which states I do not have a communicable disease, illness or disability which could interfere with my ability to work with or care for students.
9. I understand that according to State of Wisconsin rule HSS 52, it is required that I have the ability and emotional stability to carry out the assigned functions for the position that I am applying for. If the School, at any time, suspects or has reason to believe that my physical or mental health poses a threat to the health, safety, or welfare of a student, the School shall require me to participate in an alcohol or drug abuse assessment or a physical or mental health evaluation.
 - a. I understand that, State of Wisconsin rules, HSS 52, required that I have the ability and emotional stability to carry out the assigned functions for the position I am applying. If the School, at any time, suspects or has reason to believe that my physical or mental health poses a threat to the health, safety, or welfare of a student; The School shall require me to participate in an alcohol or drug abuse assessment or a physical or mental health evaluation.
10. I understand that according to State of Wisconsin rule HSS 52, I am required to complete the attached HFS 64 as part of the interview process.
 - a. I understand that, State of Wisconsin rules, HSS 52, require me to complete the attached HFS 64 as part of the interview process.

I have carefully read, understand, and have had the opportunity to discuss the above items 1-10. My signature signifies my agreement to abide by all the requirements described above and to the accuracy of all the information contained in this application.

Signature of Applicant

___/___/___
Date