

GRANTON AREA SCHOOL DISTRICT

217 North Main Street, Granton, WI 54436
Telephone: 715-238-7292 Fax: 715-238-7288

Please submit one application per **VACANT** position that you are applying for. Copies are acceptable. Applications lacking sufficient information will be rejected. It is your responsibility to assure that your application is received or postmarked by the closing date, as required in the position posting. Please be sure to complete both sides of this form. Please note that this application may become a public document after it has been submitted to the Granton Area School District.

If applying for a **VACANT POSITION**, fill in the information in the area below:

Job Title: _____ Deadline Date: _____

If applying as a **GENERAL APPLICATION**, fill in the information in the area below:

Position(s) you would like to be considered for: _____

Job Title: _____ Job Title: _____

Job Title: _____ Job Title: _____

SUMMARY OF QUALIFICATIONS

In the space below, describe briefly the experience, education, training and other factors that qualify you for the position for which you are applying. If you are applying for a vacant position, refer to the competencies that are expected or desired for the position that is vacant. Be sure to provide details of your background on the other side of this application.

COMPLETE BOTH SIDES OF THIS APPLICATION FORM

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip _____ County: _____

Home Phone (____) _____ Work Phone: (____) _____

The following information will be used only if it is directly related to the position or examination for which you are applying:

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| 1. Are you willing and able to secure a Regular Wisconsin Driver License, if such a license is required? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 2. Are you willing and able to secure a Wisconsin CDL Driver License, if such a license is required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to question number 3, please explain in full: _____

CERTIFICATION

I certify that the answers to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it may not be processed and I may be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities, which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Granton Area School District. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and control Act.

APPLICANT SIGNATURE: _____ **DATE:** _____

(The Granton Area School District is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, national origin, political beliefs, sexual orientation, and marital and family status.)

EXPERIENCE

In the areas below, please list your past work experience beginning with your most recent employment, military experience and volunteer work may also be included as employment experience. **NOTE:** In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section.

Employer: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Reason for leaving: _____
 Job title: _____ Job duties: _____

Employer: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Reason for leaving: _____
 Job title: _____ Job duties: _____

Employer: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Reason for leaving: _____
 Job title: _____ Job duties: _____

IF ADDITION SPACE IS NEEDED, ATTACH EXTRA COPIES TO THIS PAGE.

Are you currently employed? YES NO

EDUCATION

High School Graduate: YES NO
 Name and address of High School: _____

POST-HIGH SCHOOL EDUCATION
 Including technical college, business school, college, and university

SCHOOL NAME AND LOCATION	MAJOR AREA OF STUDY	TYPE OF DEGREE OR CERTIFICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. Please submit a transcript for all course work completed for each school listed above.

COURSE WORK AREA	NO. OF COURSES
_____	_____
_____	_____
_____	_____

List special equipment or machines that you can operate: _____

List computer software in which you have skill, including word-processing, spreadsheet, and database programs. Please indicate the name of the software.

List special clerical skills, including typing and shorthand:
 Typing Speed: _____ W.P.M.