## **PARKVIEW SCHOOL DISTRICT**

## APPLICATION FOR EMPLOYMENT (SECRETARIAL)

Position Applying for:	Social Security Number	Name (Last, First, Middle)	
	Telephone Number ( )	Mailing Address	

## EDUCATIONAL AND PROFESSIONAL TRAINING

(Chronological – Most recent first)

Schools	Location	Start Date	Graduation Date	Degree	Major/Subject	Credits/Certificates

## **EMPLOYMENT HISTORY**

(Chronological - Most recent first)

From Month/Year	To Month/Year	Employer Name and Address	Name of Immediate Supervisor and Telephone Number	Duties and Responsibilities

Return to: Parkview School District, Business Office, P.O. Box 250, Orfordville, WI 53576-0250

Skills			
Shorthand Speed	wpm	Typing Speedwpm Word Processingwpm	
CalculatorYo	esNo	DictaphoneYesNo BookkeepingYesN	ło
ComputersY	esNo	Software Programs	

Please list the name of three individuals, not previously listed, who know of your work and qualifications.

References				
Name:	Title:			
Organization:	Telephone Number:			
Address: (Street) (City)	(State) (Zip)			
Name:	Title:			
Organization:	Telephone Number:	Telephone Number:		
Address: (Street) (City)	(State) (Zip)			
Name:	Title:			
Organization:	Telephone Number:			
Address: (Street) (City)	(State) (Zip)			

**PERSONAL BACKGROUND:** Include any experience or talent which you believe will contribute to your success in the position for which you are applying; experience with children, babysitting, artistic, musical talents, professional affiliations, hobbies, etc.

I certify I fully understand the contents of this application and that the answers given by me are true and correct without omissions. I agree that the District shall not be held liable in any respect if I am denied employment or terminated following employment if it is verified that I submitted false statements and/or omitted substantive information.

Signature of Applicant

Date

The Parkview School District does not discriminate on the basis of age, race, sex or sexual orientation, marital status, handicap, national origin, creed, arrest or conviction record or any other reason prohibited by state or federal law.

Background Check					
THE PARKVIEW SCHOOL DISTRICT CONDUCTS BACKGROUND CHECKS ON ALL ADULT EMPLOYEES.					
⇒	Do we have your permission to do a back	ground check on you?	Yes	No	
	Social Security #	*Date of Birth		*Race	
	*This information will be used only for considered for employment.	the purpose of the bac	kground chec	k. It <u>will not</u> be	
$\Rightarrow$	Have you ever been convicted of a felony	or misdemeanor?	Yes	No	
	(If "Yes," please provide a	n explanation in an attac	chment stateme	ent.)	
	**A conviction will not be an automatic bar to employment and will be considered only as it relates to the job in question.				
$\Rightarrow$	Do you have any charge(s) pending again	st you?	Yes	No	
	(If "Yes", please provide	an explanation in an att	ached statemer	nt.)	
	**A pending charge or arrest is not only as it relates to the job in ques		nployment and	l will be considered	
I certify I fully understand that by signing below, I am giving permission for the Parkview School District to conduct a background check on me. The answers given by me are true and correct without omissions. I agree that the District shall not be held liable in any respect if I am denied employment or terminated following employment if it is verified that I submitted false statements and/or omitted substantive information.					
Sign	ature of Applicant		Date		
	arkview School District does not discriminate on the , creed, arrest or conviction record or any other reaso			arital status, handicap, national 1/2000	