

The Nest At Butternut Crossing

Luck's Early Learning Center

810 7th Street South

Luck, WI 54853

715-472-2152 gretchenf@lucksd.k12.wi.us

Application for Employment

PLEASE NOTE: Complete all parts of the application. If your application is incomplete, or does not clearly show the experience and/or training required, your application will not be accepted. If you have no information to enter, please write N/A.		
Name (First, MI, Last)	SS#	Date of Birth
Mailing Address		
City, State, Zip Code		
Home Phone	Cell Phone	
Email Address	May we use email to contact you? Yes No	

Additional Information

Position applying for: _____

When could you begin work: _____

Days and hours available to work: Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Type of Employment: _____ Part Time _____ Full Time _____ Occasional/Substitute

Other comments about availability: _____

Desired Starting Wage: _____

Have you been employed by Luck School District or The Nest in the past? **Yes No**

If yes, what position and dates of employment _____

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States: **Yes No**

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? **

Yes No

If yes, please explain: _____

** Must be answered in order to be considered for employment.

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Yes No

Education (Oldest to Newest, Include High School/GED)

School	Start Date	End Date	Did you graduate?
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Degree/Diploma	Type of Degree
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School	Start Date	End Date	Did you graduate?
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Degree/Diploma	Type of Degree
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Other training, certifications, or licenses held:

Employment History

Please list employment history starting with most current

Employer	Job Title/Position	Start Date	End Date
Address	Phone	Supervisor and Title	May we contact this employer? Yes No
Duties performed		Pay Rate	Hours per Week
Reason for leaving?			
Employer	Job Title/Position	Start Date	End Date
Address	Phone	Supervisor and Title	May we contact this employer? Yes No
Duties performed		Pay Rate	Hours per Week
Reason for leaving?			
Employer	Job Title/Position	Start Date	End Date
Address	Phone	Supervisor and Title	May we contact this employer? Yes No
Duties performed		Pay Rate	Hours per Week
Reason for leaving?			
Character References			
<i>Please list 3 non-related people, not related to you, that we may contact.</i>			

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

_____ I certify that all the answers and information given herein are true and complete to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Should an investigation disclose untruthful or misleading answers may result in rejection of my application, and my name removed from consideration.

_____ In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge.

Signature of Applicant: _____

Date: _____