

Application For Employment



Cooperative Educational Service Agency 3
 1300 Industrial Drive
 Fennimore, WI 53809
 (608) 822-3276 www.cesa3.org

Each item of this application is important. Please read and complete carefully and accurately. (PLEASE PRINT)
 FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN REJECTION OF THE APPLICATION.

Position For Which You Are Applying

Last Name	First	Middle	Date of Application	Social Security # (optional)
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Current Address	Permanent Address
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City, State, Zip	City, State, Zip
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Telephone ()	Cell phone ()
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Additional Phone Numbers Where You May Be Reached During The Day

Are You Currently Under Contract? _____ If Yes, Please Explain

Date Available For Employment With CESA 3

Have You Previously Filed An Application With This CESA? _____ List Position

EDUCATIONAL PREPARATION AND TRAINING

College or University Education (most recent first)

<u>Name and Location of School</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Major(s)</u>	<u>Minor(s)</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of Credits Beyond Bachelor's Degree _____ Number of Credits Beyond Master's Degree _____

WISCONSIN CERTIFICATION/LICENSE HELD

<u>Wisconsin Certification/ License Held</u>	<u>WI DPI</u>	<u>Expiration Date</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL EXPERIENCE UNDER CONTRACT TO A SCHOOL DISTRICT/EDUCATIONAL AGENCY

(If additional space is required, please attach to application.)

From _____	To _____			
Mo./Yr.	Mo./Yr.	District or Employer	Position/Subject/Grade	Percent of Contract
Supervisor _____				
	Name & Address		Title	Phone Number

From _____	To _____			
Mo./Yr.	Mo./Yr.	District or Employer	Position/Subject/Grade	Percent of Contract
Supervisor _____				
	Name & Address		Title	Phone Number

From _____	To _____			
Mo./Yr.	Mo./Yr.	District or Employer	Position/Subject/Grade	Percent of Contract
Supervisor _____				
	Name & Address		Title	Phone Number

From _____	To _____			
Mo./Yr.	Mo./Yr.	District or Employer	Position/Subject/Grade	Percent of Contract
Supervisor _____				
	Name & Address		Title	Phone Number

From _____	To _____			
Mo./Yr.	Mo./Yr.	District or Employer	Position/Subject/Grade	Percent of Contract
Supervisor _____				
	Name & Address		Title	Phone Number

GENERAL EMPLOYMENT EXPERIENCE

From _____	To _____			
Mo./Yr.	Mo./Yr.	Employer	Position	Full/Part Time
Supervisor _____				
	Name & Address		Title	Phone Number

From _____	To _____			
Mo./Yr.	Mo./Yr.	Employer	Position	Full/Part Time
Supervisor _____				
	Name & Address		Title	Phone Number

From _____	To _____			
Mo./Yr.	Mo./Yr.	Employer	Position	Full/Part Time
Supervisor _____				
	Name & Address		Title	Phone Number

From _____	To _____			
Mo./Yr.	Mo./Yr.	Employer	Position	Full/Part Time
Supervisor _____				
	Name & Address		Title	Phone Number

From _____	To _____			
Mo./Yr.	Mo./Yr.	Employer	Position	Full/Part Time
Supervisor _____				
	Name & Address		Title	Phone Number

HAVE YOU EVER BEEN FOUND GUILTY OF OR DO YOU PRESENTLY HAVE ANY VIOLATIONS OF LAW INCLUDING ORDINANCE VIOLATIONS OTHER THAN MINOR TRAFFIC VIOLATIONS? (IN ACCORDANCE WITH STATE LAW, PENDING CHARGES OR CONVICTIONS WILL NOT BE USED OR CONSIDERED UNLESS THEY ARE SUBSTANTIALLY RELATED TO CIRCUMSTANCES OF THE PARTICULAR JOB).

() YES () NO IF YES, EXPLAIN _____

SIGN YOUR NAME. YOUR SIGNATURE AFFIRMS THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF YOUR KNOWLEDGE. I AGREE THAT ANY FALSE STATEMENTS, MISSTATEMENTS, OR OMISSIONS, MAY LEAD TO REJECTION OF THIS APPLICATION AND/OR DISMISSAL.

Signature

Date

RELEASE

I AUTHORIZE THE COOPERATIVE EDUCATIONAL SERVICE AGENCY #3 TO MAKE ANY INVESTIGATION OF MY PERSONAL OR EMPLOYMENT HISTORY AND AUTHORIZE ANY FORMER EMPLOYER, PERSON, FIRM, CORPORATION, CREDIT AGENCY, OR GOVERNMENT AGENCY, TO GIVE THE COOPERATIVE EDUCATIONAL SERVICE AGENCY #3 ANY INFORMATION THEY MAY HAVE REGARDING ME. IN CONSIDERATION OF THE COOPERATIVE EDUCATIONAL SERVICE AGENCY #3 REVIEW OF THIS APPLICATION, I RELEASE THE COOPERATIVE EDUCATIONAL SERVICE AGENCY #3 AND ALL PROVIDERS OF INFORMATION FROM ANY LIABILITY AS A RESULT OF FURNISHING AND RECEIVING SUCH INFORMATION.

Signature

Date

THE COOPERATIVE EDUCATIONAL SERVICE AGENCY #3 DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, RELIGION, HANDICAP, NATIONAL ORIGIN, CREED, MARITAL STATUS, OR ANY OTHER REASON PROHIBITED BY STATE OR FEDERAL LAW.

Direct all application materials to:
MARIANNE KROGEN
Administrative Assistant
1300 Industrial Dr.
Fennimore, WI 53809