

Application for Employment



Cassville School District
 715 E Amelia St.
 Cassville, WI 53806
 (608) 725-5116

Position You Are Applying For _____

PERSONAL INFORMATION

Last Name		First Name		Middle	
Address		City		State	Zip
Home Phone:	Cell Phone:		Email address:		
Social Security Number:					

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT

Employer:		Dates Employed:			
Address:		City:		State:	Zip
Phone:					
Position:			Pay Rate:		
Duties Performed:					
Supervisors Name and Title:			Reason for leaving:		

REFERENCES

Name	Title	Company	Phone

Signature of Applicant: _____

Date: _____