

School District of New Holstein

1715 Plymouth Street
New Holstein, Wisconsin 53061

“AN EQUAL OPPORTUNITY EMPLOYER”

SUPPORT STAFF APPLICATION

NAME _____ DATE _____

ADDRESS _____ SOCIAL SECURITY NO. _____

CITY & STATE _____ TELEPHONE NO. _____

EDUCATION: (Please List)

<u>ELEMENTARY SCHOOL ATTENDED</u>	<u>LOCATION</u>	<u>GRADE COMPLETED</u>
_____	_____	_____
_____	_____	_____

<u>HIGH SCHOOL ATTENDED</u>	<u>LOCATION</u>	<u>YEAR GRADUATED</u>
_____	_____	_____
_____	_____	_____

<u>OTHER SCHOOLS ATTENDED</u>	<u>LOCATION</u>	<u>YEAR COMPLETE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPERIENCE: (Past 10 Years – List Latest Job First)

<u>NAME & ADDRESS OF EMPLOYER</u>	<u>DATES OF EMPLOYMENT</u>	<u>DESCRIPTION OF WORK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Complete other side)

Position applied for: (Check any that apply)

Type of Position

- Permanent position
- Temporary Position
- Part-Time Position
- Substitute Position
- Other (specify)

Type of Work

- Secretarial
- Bookkeeping
- Custodial
- Kitchen Aide/Cook
- Teacher's Aide
- Other (specify)

LIST SPECIAL ABILITIES & SKILLS YOU MAY POSSESS - Which would help in the position for which you are applying.

PERSONAL REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>OCCUPATION</u>	<u>PHONE NO.</u>
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APPLICANT'S STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all liability for damage that may result from furnishing same to you.

Please be advised that the School District of New Holstein will require a background check on the final candidate through the Wisconsin Crime Information Bureau. At the time of the interview, you will need to provide consent to having the School District conduct a background check. The final candidate will also be subject to the District's drug testing policy and must agree to submit to a drug test, which is a condition of consideration for this position, and that receipt of satisfactory drug test results is a condition of employment for this position.

Date _____ Signature _____

The School District of New Holstein is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of age, race, color, creed, national origin, sex, physical, mental, emotional, learning, or developmental disability, handicapping conditions, marital or parental status, ancestry, sexual orientation, arrest record, conviction record, religion, pregnancy, physical condition, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or this state or use or nonuse of lawful products as required by Title VI, Title IX, Section 504, and Title II of the ADA in employment.

This application will remain in an active file for one year.

Revised 6/2011

Disclosure Statement & Consent to Conduct Criminal Check

The tremendous responsibility the School District of New Holstein has to its school children and community necessitates the following information from all applicants regarding convictions*. A record of conviction does not prohibit employment: however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for dismissal if employed. Applicants must report any convictions that occur subsequent to the time they initially completed this form. Please provide all the information requested within three work days to the District Administrator, School District of New Holstein, 1715 Plymouth Street, New Holstein, WI 53061.

Name _____
(Last Required) (First Required) (Middle Required)

Current Address _____
(Street) (City/State) (Zip Code)

Other Names Used _____ Sex (Required) _____ Race (Required) _____

Social Security Number (Required) _____ Date of Birth (Required) _____

Have you ever been convicted* of or do you presently have pending any violations of law other than minor traffic violations? (In accordance with state law convictions or pending charges will not be used or considered unless they are substantially related to circumstances of the particular job.) ___No ___Yes. If yes, please fill in the information below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

1. Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remarks:		Length and Terms of Probation:	
1. Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	City
Remarks:		Length and Terms of Probation:	

*Conviction means the final judgment of a verdict or a finding of guilty, or a plea of nolo contendere, in any municipal, state, or federal court of competent jurisdiction in a misdemeanor, civil, or criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

I authorize the School District of New Holstein to contact the Wisconsin Department of Justice (Criminal Information Bureau) as well as any other local or state law enforcement office, to investigate all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the School District of New Holstein. I also authorize the District to obtain any and all information resulting from background checks or investigations conducted by the Department of Public Instruction. I understand that my employment is not finalized until the background investigation has been completed. This consent shall be interpreted liberally in favor of the District's access to information.

I certify that the information provided above is true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is denied or terminated because of false statements, answers provided, or omissions made by me in this application. In consideration of the school district's review of this application, I hereby release the District as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information.

Signature _____

Date _____

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