

NEW HOLSTEIN SCHOOL DISTRICT

1715 PLYMOUTH STREET
NEW HOLSTEIN, WI 53061
920-898-5115

Support Staff Application

OFFICE USE ONLY

Supervisor Approval _____
Superintendent Approval _____
Board Approval _____
Board Meeting Date _____

Name _____
Last First MI

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Position Applying For _____

Have you previously filed an application with the School District? Yes No If so, when _____

If you are not hired for this position, would you consider subbing? Yes No

Please check all positions and locations you are interested in subbing for:

<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	Instructional Aide	<input type="checkbox"/>	Custodial
<input type="checkbox"/>	All Buildings	<input type="checkbox"/>	Elementary School	<input type="checkbox"/>	High School

EDUCATION:

	School or Institute and Location	Major/Minor	Diplomas, Degrees or Credits Earned	GPA
High School				
Technical College				
College/University				

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

List any job related licenses or permits currently held

EMPLOYMENT HISTORY (List Most Recent First)

From	To	Employer	Telephone
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize Work Performed and Job Responsibilities	
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No/Why			
Reason for Leaving		Hourly Rate/Salary Start	Per Final Per

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May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No/Why			
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May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No/Why			
Reason for Leaving		Hourly Rate/Salary Start	Per Final Per

REFERENCES:

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

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 _____ (No. of Years at this address) _____
(Street) (City/State) (Zip Code) (Required)

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. **(Dishonesty will result in an automatic denial of this application.)**

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 no 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 _____

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.

EMPLOYER DISCLAIMER, AUTHROIZAITON AND RELEASE:

Through my signature below, I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, my employment with the School District of New Holstein may be terminated. I agree that the School District of New Holstein shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application.

I am informed that the School District of New Holstein will conduct an inquiry regarding my qualifications, background and suitability for the position of employment, for which I have made application and I consent to the inquiry.

I also authorize former employers, educational institutions, government agencies, personal references, professional references, and other appropriate sources to provide the School District of New Holstein with any information requested regarding my employment, character, experience, and qualifications, and/or suitability for employment, including any record of civil or criminal conviction or arrest, the circumstances of which substantially relate to the circumstances of the position for which I have applied; record of civil judgment; police record; driving record; check of my fingerprints; record of professional license revocation, and opinions related to my suitability for hire. I understand that such information is sought on a confidential basis and will not be released to me in any form whatsoever. I waive any right or claim of access to this information.

I authorize disclosure to the School District of New Holstein of my complete personnel file and all personnel records maintained by the previous employers, identified in this application.

I further voluntarily and knowingly, fully release and discharge, absolve, indemnify, and hold harmless such former employers, persons, firms, corporations, schools, or government agencies, their officials, employees, and agents from any and all claims, liability, demands, causes of action, damages, and costs, including attorneys' fees, present and future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any information, records, or opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory facts concerning employment, made for the express purpose of preventing me from obtaining employment which the officer, employee, or agent, disclosing such facts, knows are untrue.

A copy of this authorization is as valid as the original and should be recognized as such.

Signature _____ Date _____

This school district is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, creed, sex, national origin, disability, age, color, religion, genetic information, marital status, citizenship status, veteran status, military service (as defined in Sec. 111.32, Wis. Stats.), sexual orientation, national origin, ancestry, arrest record, conviction record, use or non-use of lawful products off School District premises during non-working hours, or any other characteristic protected by law, except as permitted by law.