#  SCHOOL DISTRICT OF NEILLSVILLE Neillsville Schools

### 614 East 5th Street, Neillsville WI 54456 ~ Phone: 715-743-3323 ~ FAX: 715-743-8718

***SUPPORT & SUPPORT SUB***

**APPLICATION FOR EMPLOYMENT - Electronic**

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| PERSONAL DATA |
| Last Name:       | First:       | MI:       | Date:       |
| Street Address:       | Apt/Unit #:       |
| City:       | State:       | ZIP:       |
| Phone:       | E-mail Address:       |
| Date Available:       | Social Security #:       | Desired Wage:       |
| Position Applied for:       |
| Are you a citizen of the United States? **[ ]** Yes **[ ]** No If no, are you authorized to work in the U.S.? **[ ]** Yes **[ ]** No  |

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| Education |
| **High School** |
| Name of School:       | City/State:      ,    | Did you Graduate? **[ ]** Yes **[ ]** No |
| **College** |
| College:       | City/State:      ,    |
| From:       | To:       | Did you graduate? **[ ]** Yes **[ ]** No | Degree:       |
| **Other Education** |
| Other:       | City/State:      ,    |
| From:       | To:       | Did you graduate? **[ ]** Yes **[ ]** No | Degree:       |

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| References |
| Please list three references. |
| Full Name:       | Relationship:       |
| Company:       | Phone:       |
| Address:       | City:       | State:    | Zip:       |
|  |
| Full Name:       | Relationship:       |
| Company:       | Phone:       |
| Address:       | City:       | State:    | Zip:       |
|  |
| Full Name:       | Relationship:       |
| Company:       | Phone:       |
| Address:       | City:       | State:    | Zip:       |

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| Previous Employment |
| Company:       | Phone:       |
| Address:       | City:       | State:    | Zip:       |
| Job Title:       | Starting Wage:       | Ending Wage:       |
| Responsibilities:       |
| From:       | To:       | Reason for Leaving:       |
| Supervisor:       | May we contact your previous supervisor for a reference? **[ ]** Yes **[ ]** No |
|  |
| Company:       | Phone:       |
| Address:       | City:       | State:    | Zip:       |
| Job Title:       | Starting Wage:       | Ending Wage:       |
| Responsibilities:       |
| From:       | To:       | Reason for Leaving:       |
| Supervisor:       | May we contact your previous supervisor for a reference? **[ ]** Yes **[ ]** No |
|  |
| Company:       | Phone:       |
| Address:       | City:       | State:    | Zip:       |
| Job Title:       | Starting Wage:       | Ending Wage:       |
| Responsibilities:       |
| From:       | To:       | Reason for Leaving:       |
| Supervisor:       | May we contact your previous supervisor for a reference? **[ ]** Yes **[ ]** No |
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| Military Service |
| Branch:       | From:       | To:       |
| Rank at Discharge:       | Type of Discharge:       |
| If other than honorable, explain:       |
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| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.Signature:       Date:       |

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| Authorization and Signature |
| I authorize the Board of Education of the School District of Neillsville to make any inquiries of or receive information from any person or organization regarding my suitability for employment; and do hereby give permission to these persons or organizations to provide such information. Such inquiries may include and not be limited by enumeration to the quality of my work, work history and record, character, qualifications, records or convictions and medical records. For and in consideration of the release of such information, I hereby forever waive, release and covenant not to sue any person or organization including the Neillsville School District, it’s agents and employees for the result of providing, obtaining, or acting upon such information. I give this waiver, release and covenant not to sue understanding that the information obtained may be such as to disqualify me for employment. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.Signature:       Date:       |
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| Accommodations |
| Can you perform, with or without accommodation, all the duties of the position you seek? |
| **[ ]**  With Accommodation **[ ]**  Without Accommodation |
| If accommodation is needed, briefly describe what is needed:       |

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| Present/Past History |
| Have you ever been disciplined, dismissed, resigned under pressure or left a position with a legal agreement resulting in your not returning to the same position the next year?  |
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| **[ ]** Yes **[ ]** No |

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| If yes, please explain:       |
| Have you ever been found guilty of or do you presently have pending any violations of law (felonies and/or misdemeanors) 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).  |
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| **[ ]** Yes **[ ]** No |

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| If yes, please explain:       |

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| Disclaimer |
| The School District of Neillsville shall not discriminate on the basis of race, religion, creed, political affiliation, physical, mental, emotional or learning disabilities, handicap, sex, sexual orientation, age, national origin, citizenship, marital or parental status, ancestry, color, arrest or conviction record, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States, or any other reason prohibited by state and federal law. |

After completion, please email this form and any additional correspondence to: mkranz@neillsville.k12.wi.us

Thank you for your interest!

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| Administrative Use Only – Do not write in this space |
| [ ]  Contract [ ]  Letter of Temporary Employment |
| Building Assignment: | Grade(s)/Subject(s): |
| Effective Date: | Replaces: |
| Interview Place: | Base Wage: |
| Interviewed By: | Additional Wage: |
| Interview Date: | MOU Wage: |
|  | **Total Wage:** |

Administrator Signature of Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Board Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_