

SUPPORT APPLICATION

Thank you for your interest in the School District of Neillsville.

This is the **electronic application** for a **Support Staff Position**. You must fill out this application on your computer and submit either by email or mail.

If you have any questions regarding the applications please contact the Board Office.

Thank you again for your interest!

Please complete the following forms to apply:

SUPPORT – APPLICATION FOR EMPLOYMENT



SCHOOL DISTRICT OF NEILLSVILLE

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

SUPPORT SUB

APPLICATION FOR EMPLOYMENT - Electronic

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			

EDUCATION

High School

Name of School:	City/State: ,	Did you Graduate? ☐ Yes ☐ No
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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:

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:

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	

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

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:

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, its 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:

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:

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?

☐ Yes ☐ No

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).

☐ Yes ☐ No

If yes, please explain:

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: jefitzl@neillsvillek12.org

Thank you for your interest!



School District of Neillsville

614 E 5th Street, Neillsville, WI 54456

Background Check Authorization

Legal Name: First, Full Middle Name, Last

Maiden Name: _____ Alias: _____

Address: _____

☐ Male ☐ Female Date of Birth _____ Social Security Number _____

Race: ☐ White ☐ Black ☐ Chinese ☐ Hispanic ☐ Indian ☐ Japanese ☐ Other ☐ Unknown

Email Address: _____

Mobile Phone Number: _____ Okay to Contact via Text Message? ☐ Yes ☐ No

*Note: The above data is required to do a background check. This form will remain with Human Resources.

Is this for a volunteer application? ☐ Yes ☐ No If Yes, Teacher Name: _____

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? ☐ Yes ☐ No

Do you have any pending criminal charges? ☐ Yes ☐ No

If yes to either of the above, please explain. Include date(s), location of court, nature and place of charge or conviction and disposition of the case:

I authorize the School District to investigate my personal employment history and I authorize any former employers, person, firm, corporation, or government agency to give the School District any information regarding my employment history. Background checks are run by the District upon applying and when deemed necessary. Criminal charges or convictions are not an automatic bar to service. The District will consider the nature of the offense, date of the offense, and relationship between the offense and the position.

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentations or willful omissions of facts shall be sufficient cause for disqualification from consideration, or if employed, my immediate dismissal. I further agree to abide by all rules, regulations and policies of the District. I hereby authorize the School District of Neillsville to utilize third party agencies to collect reports by contacting law enforcement agencies, city, state, county and federal courts to release information about my background including, but not limited to, information about my criminal record. This release shall remain in effect for the length of my service. I understand I have the right to obtain a copy of background check reports if the written request is made within 60 days of signature below.

The Board does not discriminate in employment on the basis of race, color, national origin, age, sex (including gender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32 Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend an employer sponsored meeting or to participate in any communication with the employer about religious matters or political matters, or any other legally protected category in its programs and activities including employment opportunities.

Signature

Date

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: _____