



Waterford Graded School District

819 W. Main Street, Waterford, Wisconsin 53185 • (262) 514-8250

FAX (262) 514-8251

Equal Opportunity Employer

Support Staff Employment Application

Personal Data

Date of Application: _____

Name: _____
Last Name First Name M.I.

Social Security # _____

Please list numbers where we may reach you

Present Address: _____
Street

Home No. _____
Include Area Code

City _____ State _____ Zip Code _____

Work/Cell No. _____
Include Area Code

Email Address: _____

County _____

Are you legally able to work in the United States? Yes No Are you over the age of 18? Yes No

Do you have relatives in the district? If yes, who? _____

Have you ever lived or worked outside the state of Wisconsin? Yes No If yes, indicate where and when _____

Employment Desired

Position Desired: _____	Date you can start: _____	Salary Desired: _____
Describe any special skills or abilities you possess which you feel make you qualified for this position.		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Sub		
Check the areas in which you have had the experience or feel qualified:		
<input type="checkbox"/> Speak Spanish (other: _____) <input type="checkbox"/> Construction <input type="checkbox"/> CPR <input type="checkbox"/> Food Preparation <input type="checkbox"/> Counting money		
<input type="checkbox"/> Office Work (typing, computer, copier) <input type="checkbox"/> Cleaning <input type="checkbox"/> First Aid <input type="checkbox"/> Assistive Communication <input type="checkbox"/> Assistant		

Teacher Aide Candidates Only

Have you taken a teacher aide course? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____	Date Completed: _____ - Did you receive a certificate of completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education and Training Record

Nondiscrimination Policy: The Waterford Graded School District does not discriminate in employment on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest or conviction record, membership in the military reserve. The Waterford Graded School District complies with all federal and state laws and regulations prohibiting discrimination

High School City, State	Check Highest Year Completed				Did you Graduate?	Major Course of Study	Type of Diploma Received
	9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College City, State	Check Highest Year Completed				Did you Graduate?	Major Course of Study	Type of Diploma Received
	1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Education/training City, State	Explain Education/Training						

Former Employers (list your last three employers; most recent first)

Date (Month and Year)	Name and Address of Employer	Position	Salary	Reason Left
From _____ to _____				
From _____ to _____				
From _____ to _____				

Have you ever been discharged or asked to resign from a prior position? Yes No
If yes, please explain on reverse side of this page.

References

Name	Address & Phone	Profession	Years Acquainted

Release/Certification

I authorize the Waterford Graded School District to investigate all statements contained herein, to contact references, and to investigate my personal employment history. I authorize any former employer, person, firm, corporation or government agency to give the Waterford Graded School District any information regarding my employment history, to release any and all job related information. I further waive my right of access to the information provided by any reference. I authorize the review of my certification/licensing file accessed through the Department of Public Instruction.

In consideration of the Waterford Graded School District's review of this application, I release fro all liability and/or legal claims the Waterford Graded School District and every person seeking or providing information, whether it be oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

Further, I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that if, in the judgment of the Waterford Graded School District, any false or misleading statements are made by me, or if I omit information requested of me, my application may be rejected, an offer of employment may be withdrawn, or, if employed, I may be terminated.

Signature: _____

Date Signed: _____

Disclosure Statement

The tremendous responsibility the Waterford Graded School District 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. Applicant must report any convictions that occur subsequent to the time they initially completed this form. **Provide all the information requested within three work days to the Waterford Graded School District administration office, 819 W. Main Street, Waterford, WI 53185.***

Last Name

First Name

Middle Name

Other Names Uses

Dates of Usage:

Social Security Number:

Date of Birth:

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

Conviction means the final judgment of a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a 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 investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Waterford Graded School District. I understand that my employment is not finalized until the background investigation has been completed.

I certify that the answers given me in this application are 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 terminated because of false statements, answers 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