

EDUCATIONAL PREPARATION AND TRAINING

High School _____ Location _____
Date of Graduation _____ City/State _____

Training and Educational Preparation

Name & Location	Dates Attended	Type of Training/Degree

TEACHING and RELATED EDUCATION WORK EXPERIENCE (List most recent first)

Date From/To	Name of Employer	Location	Type of Work	Reason for Leaving
1.				
2.				
3.				
4.				
5.				

OTHER WORK EXPERIENCE (List most recent first)

Date From/To	Name of Employer	Location	Type of Work	Reason for Leaving
1.				
2.				
3.				
4.				
5.				

Authorization, Release and Certification

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.

If you should be offered a position, a crime information records check will be conducted on you through the Wisconsin Department of Justice. (A criminal record does not constitute an automatic bar to employment and will be considered only if the circumstances of the conviction relate to the circumstances of the particular job in question.)

In consideration of the School District's review of this application, I release from all liability and/or legal claims the School District and every person seeking or providing information, whether it is 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 any false or misleading statements made by me, or material omissions of information requested of me, shall constitute grounds for rejection of my application, or if employed, my immediate dismissal.

Submit and Agree to Release/Certification

If employed, I agree to comply with all the rules and regulations of the School District. I also understand that employment is subject to the satisfactory investigation of the application and a favorable physical examination report, including a chest x-ray or tuberculin test. I understand any false statements or misrepresentation of facts are grounds for dismissal. I hereby certify that the statements above are true and correct to the best of my knowledge and belief.

APPLICANT'S NAME (PRINT)

DATE

SIGNATURE

DATE

The West Salem School District 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 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.

OFFICE USE ONLY

NEW EMPLOYEE INFORMATION - INCLUDE IN BOARD RECOMMENDATION

Position _____

Workday consists of _____ Hours _____ Percent

_____ Degree _____ Credits _____ Experience

Replacing another staff member Yes / No Temporary / Permanent Position

If so, whom _____

Which School? High School Middle School Elementary School

Start Date _____ Extra Days _____ Date of Birth _____

Extended Contract _____ License _____ For Background Check Only