

School District of West Salem

APPLICATION

District Office ❖ 405 East Hamlin Street, West Salem, Wisconsin ❖ (608) 786-0700

PERSONAL DATA

Date of Application _____ Name _____

Address _____
(Street Address) (City) (State) (Zip)

Cell Phone No. _____ Home Phone No. _____

E-mail Address _____

Permanent Posted Position _____

Substitute Volunteer Chaperone Check all that apply in each section

Elementary School Middle School High School

___ Teacher (area preferred) _____

___ LMC Assistant _____ Custodian _____ Bus Driver _____

___ Regular Education Paraprofessional _____ Secretary _____ Van Driver _____

___ Special Education Paraprofessional _____ Health Assistant _____ Vehicle Paraprofessional _____

___ Kitchen _____ Other _____

Valid DPI License (list areas) _____

Other Certification(s)/License(s) _____

Special Skills _____

****PLEASE ATTACH A COPY OF CERTIFICATION(S)/LICENSE(S)**

REFERENCES

Name	Title	Company Name	Telephone
1.			
2.			
3.			
4.			

EDUCATIONAL PREPARATION AND TRAINING

High School _____

High School Diploma/GED (yes/no) _____

City / State _____

Name & Location	Dates Attended	Degree/Type of Training

WORK and/or RELATED EDUCATION EXPERIENCE (List most recent first)

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

PERSONAL STATEMENT

Explain why you are applying for this position and include any experience or talent which in your estimation contributes to your qualification for this position. Limit your response to the space provided.

Signature

Date

School District of West Salem

— BACKGROUND CHECK AUTHORIZATION —

District Office ❖ 405 East Hamlin Street, West Salem, Wisconsin ❖ (608) 786-0700

Legal Name: First, Middle, Last; Alias _____

Address _____

Male Female Date of Birth _____ Social Security Number _____

E-mail Address: _____

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

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 West Salem 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 School District of West Salem 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.

Signature _____

Date _____

Office Use Only: Position to fill _____