ARCADIA SCHOOL DISTRICT

756 Raider Drive Arcadia, WI 54612 (608) 323-3315

APPLICATION FOR EMPLOYMENT - Administrative

Date of Applica	ation		INFORMATIO)N	
Name(L	ast)	(First)		(Middle)	
Mailing address(S	treet)	(City)	(State) (ZIF	P)
Social Security Number	er				
Home Telephone		Work	Telephone		
Are you a citize	en of the United Stat	res? Yes No	CATION	T PUV	
	Name and	d Location of School	Dates Attended	Did You Graduate?	Degree/ Major(s)
High School					
University, College or Technical School					
List additional cours	ses or training you have con	mpleted related to your field o	or profession.		

EMPLOYMENT

If "no", please explain_

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Name of Employer Address Name of Supervisor/Title Supervisor's Business Phone State Job Title and Describe Your Work	Employed fromto
Name of Employer Address Name of Supervisor/Title Supervisor's Business Phone State Job Title and Describe Your Work	Employed fromto
Name of Employer Address Name of Supervisor/Title Supervisor's Business Phone State Job Title and Describe Your Work	Employed fromto
Name of Employer Address Name of Supervisor/Title	Employed fromto

CERTIFICATIONS

you hold a current Wisconsin DPI license for the "no", please explain:	he position for which you are applying	ing? YesNo
Grade/Subject	Wisconsin DPI Code Number	Expires Mo./Yr.
escribe any special skills or past experience, whi	ch would pertain to this administrat	ive position.
the space provided and in your own handwriting ofessional staff in Arcadia.	g, please indicate why you would be	e a good addition to the

REFERENCES

List below the names of three persons not related to you whom you have known at least one year.

Those who know of your work are of special significance.

Name	Name of Business or Agency			
Address				
City/State/ZIP	Telephone			
Name	Name of Business or Agency			
Address_				
City/State/ZIP	Telephone			
-	•			
Name	Name of Business or Agency			
Address_				
City/State/ZIP	Telephone			
	th the persons you have named as references?			
Do we have your permission to communicate with	in the persons you have named as references:			
To be considered for employment you must:	1 - submit cover letter of interest			
	2 - enclose resume3 - enclose copy of Wisconsin license			
	4 - enclose 2-3 letters of reference			
	5 - have credentials/transcripts sent			
	6 - complete this application form.			
Please read and sign:				
I understand any false statements or misrepresent the statements in this application are true and cor	tations of facts are grounds for dismissal. I hereby certify that rect to the best of my knowledge and belief.			
(Sigr	nature of Applicant)			

The Arcadia School District does not discriminate on the basis of sex, race, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.

$\begin{array}{c} \textbf{ARCADIA SCHOOL DISTRICT} \\ \underline{\textbf{APPLICATION FOR EMPLOYMENT}} \ (\textbf{Addendum}) \end{array}$

NAME					
(Last)	(First)		(Mide	dle)	
ADDRESS	(C')		7(-1-)		77:)
(Street)	(City)	·	State)		(Zip)
PHONE	DATE	OF BIRTH			
SOCIAL SECURITY NUMBER	DAT	E OF APPLICA	TION		
POSITION FOR WHICH YOU ARE APPLYING_					
Are you currently under contract? If so, exp					
Have you ever lived, worked, or attended school outs			No	State	
Are you the subject of any pending criminal charges?	?	Yes	No		
Have you ever been convicted of a crime (other than traffic offenses)?	minor	Yes	No		
NOTE: A pending criminal charge or past criminal	conviction will not autor	natically bar you	r employm	ent.	
Have you ever been investigated by any agency respetthe administration of educational licenses for alleged immoral conduct or incompetence relating to your edlicense?		Yes	No	N	/A
Have you ever resigned, been disciplined or dismisse teaching or other school position for immoral or unproduct or for unfitness for service?		Yes	No	N	/A
Have you ever had a certificate or license to teach or other school duties denied, revoked, or suspended?	perform -	Yes	No	N	/A
Have you ever resigned, been suspended or discharge conduct relating to the health, welfare, safety, or educ of a pupil?		Yes	No	N	/A
Is disciplinary action of your educationally related lice pending in any other state?	cense	Yes	No	N	/A
NOTE: For all "yes" answers, attach a detailed writte etc.).	en explanation, includinș	g all relevant doc	umentatior	i (i.e., letters,	court
To the best of my knowledge, all of the preceding are	e true and correct statem	ents.			
(Signature)		(Date)			

ARCADIA SCHOOL DISTRICT

AUTHORIZATION FOR RELEASE OF INFORMATION AND AFFIRMATION OF ACCURACY OF APPLICATION

Please read carefully before signing this form.

- 1. Applications for employment will be considered null and void at the end of a year from the date of filing, unless notice is given of the applicant's desire for renewal.
- 2. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment, or may be cause for subsequent dismissal if I am hired.
- 3. I authorize the Arcadia School District to investigate my responses on this application, perform a criminal background check, and contact any or all of my present and former employers, or any individuals familiar with me or my employment background, for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employments. I voluntarily and knowingly fully release and hold harmless the Arcadia School District and any person or organization that provides information pertaining to me or my employment as a part of this employment procedure.
- 4. I further understand that any offer of employment may be conditioned upon the results of a physical exam and/or a background check.

Signature:	 	 	
Print Name:	 	 	
Date:			