ARCADIA SCHOOL DISTRICT

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

APPLICATION FOR EMPLOYMENT – Support Personnel

Date of Application _____

Name_____ _____ _____
(Last) (First) (Middle)

Mailing address_____ _____ _____ _____
(Street) (City) (State) (ZIP)

Social Security Number_____

Home Telephone_____ Work Telephone_____

PERSONAL INFORMATION

Position for which you are applying _____

Are you a citizen of the United States? ◉ Yes ○ No

EDUCATION

	Name and Location of School	Dates Attended	Did You Graduate?	Degree/ Major(s)
High School				
University, College or Technical School				

List additional courses or training you have completed related to your field or profession.

EMPLOYMENT

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

Name of Employer	Employed from_____/_____to_____/_____ Mo./Yr. Mo./Yr.
Address	Total Years_____
Name of Supervisor/Title_____ Supervisor's Business Phone_____	◉ Full Time or ○ Part Time
State Job Title and Describe Your Work	Salary_____

Name of Employer	Employed from_____/_____to_____/_____ Mo./Yr. Mo./Yr.
Address	Total Years_____
Name of Supervisor/Title_____ Supervisor's Business Phone_____	○ Full Time or ○ Part Time
State Job Title and Describe Your Work	Salary_____

Name of Employer	Employed from_____/_____to_____/_____ Mo./Yr. Mo./Yr.
Address	Total Years_____
Name of Supervisor/Title_____ Supervisor's Business Phone_____	○ Full Time or ◉ Part Time
State Job Title and Describe Your Work	Salary_____

Name of Employer	Employed from_____/_____to_____/_____ Mo./Yr. Mo./Yr.
Address	Total Years_____
Name of Supervisor/Title_____ Supervisor's Business Phone_____	◉ Full Time or ○ Part Time
State Job Title and Describe Your Work	Salary_____

List additional relevant employment on a separate sheet. May we contact the employers listed above? ○ Yes ○ No

If "no", please explain:

Describe any special skills or past experience, which would pertain to this teaching position for which you may qualify.

Have you ever lived, worked, or attended school outside of Wisconsin? ☐ Yes ☐ No State: _____

Are you the subject of any pending criminal charges? ☐ Yes ☐ No

Have you ever been convicted of a crime (other than minor traffic offenses)? ☐ Yes ☐ No

NOTE: A pending criminal charge or past criminal conviction will not automatically bar your employment.

Have you ever been investigated by any agency responsible for the administration of educational licenses for alleged immoral conduct or incompetence relating to your educational license? ☐ Yes ☐ No ☐ N/A

Have you ever resigned, been disciplined or dismissed from any teaching or other school position for immoral or unprofessional conduct or for unfitness for service? ☐ Yes ☐ No ☐ N/A

Have you ever had a certificate or license to teach or perform other school duties denied, revoked, or suspended? ☐ Yes ☐ No ☐ N/A

Have you ever resigned, been suspended or discharged due to conduct relating to the health, welfare, safety, or education of a pupil? ☐ Yes ☐ No ☐ N/A

Is disciplinary action of your educationally related license pending in any other state? ☐ Yes ☐ No ☐ N/A

NOTE: For all "yes" answers, attach a detailed written explanation, including all relevant documentation (i.e., letters, court documents, etc.).

REFERENCES

List 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_____	

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: _____