

Support Staff Employment Application

Position App	olying for:						
		Applicant Infor	mation				
Full Name:					Date:		
	Last	First		М.І.			
Address:	Street Address				Apartment/Unit	t #	
	City			State	ZIP Code		
Primary Pho	ne:	Emai	l:				
-		or crimes which affect the essentia	l functions o	f the job for w	hich you are applying?	<u>YES</u>	
Have you ever been convicted of a felony or misdemeanor?							
Have you ev	er worked for the Dist	rict?					
non-renewal	, for any of the follow	or non-renewed, or resigned from wing causes: failure to meet the Di fessional conduct, or insubordination	strict's perfo				
If yes to any	of the above, please e	explain:					
		Educatio	n				
High School	:	Address:					
From:	To:	Did you graduate?	Yes 🗆 No	Diploma:			
College:		Address:					
From:	To:	Did you graduate?	YES 🗆 NO	Degree:			
		Reference	es				
Please list th	ree references who are	not family members.					
Full Name:					Phone:		
Relationship							
Full Name:					Phone:		
Relationship							
Full Name:					Phone:		
Relationship							

NONDISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY The Board does not discriminate in the employment of administrative/professional/support staff on the basis of race, color, national origin, age, sex (including gender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend an employer-sponsored meeting or to participate in any communication with the employer about religious matters or political matters, or any other legally protected category in its programs and activities, including employment opportunities. Reference: po1422/ po3122/ po4122

		Employment History			
List in order, beginnir	ng with the most recent	employment and working backwards.			
Company:		Phone:Supervisor:			
Address:					
Job Title:		Reason for Leaving:			
Responsibilities:					
		May we contact your previous supervisor for a reference? \Box YES \Box NO			
Company		Phone:			
Address:		Supervisor:			
Job Title:		Reason for Leaving:			
Responsibilities:					
		May we contact your previous supervisor for a reference? \Box YES \Box NO			
Componi		Phone:			
Addroop:		Supervisor:			
Job Title:		Reason for Leaving:			
Responsibilities:					
From:	To:	May we contact your previous supervisor for a reference? \Box YES \Box NO			

Disclaimer and Signature

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disgualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the School District of Jefferson and will be kept active for one year. The District reserves the right to accept or reject this application. I further agree to observe all rules, regulations, and policies of the District.

Signature:

I hereby authorize the District to conduct work history, personal reference, and/or police record inquiries to determine my acceptability for employment. I understand that I may be contacted, at a later date, by the District to obtain the necessary information that may be needed to conduct the above mentioned inquiries. Furthermore, I release all parties from liability for any damage that may result from furnishing the same to you.

Signature: _____

Date:

Date: