

SCHOOL DISTRICT OF WILD ROSE
600 PARK AVENUE
P.O. BOX 276
WILD ROSE, WI 54984

Attn: Debi Smith

SUPPORT STAFF APPLICATION FOR EMPLOYMENT

POSITION

DATE

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE NUMBER _____

GRADUATED FROM _____

EDUCATION BEYOND HIGH SCHOOL _____

COMMENTS _____

RELATED WORK EXPERIENCE _____

Criminal Background Search

May we conduct a personal background check, including contact of your references named above as well as present and previous employers including records of municipal, state and federal law enforcement agencies, Selective Service System, and review other records related to this position? (A conviction record will not be used as a criteria in making an employment decision unless the circumstance of the offense substantially relates to the circumstance of this position.)

_____ yes _____ no If no, please explain.

Have you ever been convicted of a crime or are there any charges currently pending? ____ yes ____ no
If so, please explain in detail:

Please provide all of your past addresses for the last 10 years:

Have you ever lived outside the state (after age 18) _____ yes _____ no

I do hereby provide the School District of Wild Rose with my birthdate and social security number with the understanding this information will be used to conduct a criminal background check.

Birthdate _____ Social Security Number _____

List any other names you have used (e.g. alias, maiden name) _____

CERTIFICATION STATEMENT Please read, sign, and date the following statement.

I certify that I have fully read this application form and that all answers to questions in this application are true and complete to the best of my knowledge. I agree and fully understand that it is my responsibility as an applicant to provide complete and accurate information regarding my past history, licensure, license revocation, and any convictions and that failure to do so may be just cause to terminate employment. I understand that any misstatements or omissions of material fact may disqualify me for this position

Signature

Date

SCHOOL DISTRICT OF WILD ROSE

Claude Olson

District Administrator
600 Park Avenue, PO Box 276
Wild Rose, WI 54984-0276
(920) 622-4203
Fax (920) 622-4604

Charles Schuessler

Middle School-High School Principal
Wild Rose High School
600 Park Avenue, PO Box 276
Wild Rose, WI 54984-0276
(920) 622-4201
Fax (920) 622-4801

Barbara Sobralske

Elementary Principal
Wild Rose Elementary School **Pleasant View Elementary**
825 Mt Morris St, PO Box 119 N5275 County Road NN
Wild Rose, WI 54984-0119 Pine River, WI 54965
(920) 622-4204 (920) 987-5123
Fax (920) 622-4601 Fax (920) 987-5136

DATE: _____
TO: _____
Reference Check for: _____
Position Applied For: _____

AUTHORIZATION TO SECURE APPLICANT REFERENCE INFORMATION

I, _____, have placed an application for employment with the *School District of Wild Rose*. I hereby authorize the School District of Wild Rose to initiate reference checks of such information as necessary to verify/evaluate my qualifications for the position for which I have applied.

_____ I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to an invasion of privacy or civil rights.

_____ I hereby give consent to access the information contained in my personnel records or file and authorize the release of copies of such records to the School District of Wild Rose.

SIGNATURE: _____ DATE: _____