

SUPPORT STAFF

ARBOR VITAE-WOODRUFF APPLICATION FOR EMPLOYMENT

Position Applying For:			Date:	
Name:				
	Last	First		Middle Initial
Home Address:				
	Street	City	State	Zip
Phone:				

EDUCATION

Degree	School/College/University (Name and Location)	

LICENSURES AND CERTIFICATIONS

Current Wisconsin Certifications	Expiration Date

WORK/EMPLOYMENT HISTORY

Employer Name:	Dates Employed:
Address:	
	Reason for Leaving:
	Dates Employed:
Job Title/Position:	Reason for Leaving:
	Dates Employed:
	Reason for Leaving:
Employer Name:	Dates Employed:
Job Title/Position:	Reason for Leaving:

	Y	Ν
Are you presently under contract?		
Have you ever been dismissed, asked to resign, or nonrenewed?		
Have you ever been arrested or convicted of any felony, misdemeanor, or other offense, the circumstances of which substantially relates to the nature of the activities and other related duties contemplated by this application? If yes, explain on a separate sheet.		
Are you currently in the military? If yes, what Branch of Service?		

REFERENCES

List two past supervisors and two people who are not related to you who have knowledge of your qualifications for the position for which you are applying and for which you give permission for us to contact.

Reference 1		
Name:	Title:	
Address:	Phone:	
Reference 2		
Name:	Title:	
Address:	Phone:	
Reference 3		
Name:	Title:	
Address:	Phone:	
Reference 4		
Name:	Title:	
Address:	Phone:	

Arbor Vitae-Woodruff School

Disclosure Statement

Name:		
Last	First	Middle Initial
Other Names Used:		
Social Security Number:	Date of Birth:	

Have you ever been convicted* of or do you presently have pending any violations of law other than minor traffic violations? \Box **Yes** \Box **No** If yes, please attach a full explanation on a separate sheet. (In accordance with state law, convictions, or pending charges will not be used or considered unless they are substantially related to circumstances of the particular job.) If you have more than two convictions or pending charges, list them on a separate sheet.

Conviction Information

Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Length and Terms of Pro	bation		

Conviction Charge		Date of Conviction	Court of Conviction	
City	State	Amount of Fine	Length of Jail Term	
Length and Terms of Probation				

*Conviction means the final judgment of a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

ACKNOWLEDGEMENTS

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, medical records and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use.

I under that the school district is committed to maintaining a drug-free workplace. I am aware that the school district may require a drug test as a part of the hiring process. I understand and agree that a result showing the presence of illegal or illicit substances shall be sufficient grounds for failure to employ or for my discharge should I become employed by the school district.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Signature	Date

Print Name_____