



## Application for Employment

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle Initial

Home Address: \_\_\_\_\_

Street/PO Box

City

State Zip

Telephone/Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

### EDUCATION

Degree	School/College/University (Name & Location)

### LICENSURES AND CERTIFICATIONS

	List Current Wisconsin Certifications	Expiration Date

### EMPLOYMENT HISTORY

Dates Employed	Position	Employer & Address	Reason for leaving

Additional Questions	Y	N
Are you presently under contract?		
Have you ever been dismissed, asked to resign, or nonrenewed?		
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 you are applying for, and whom you give permission for us to contact.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone :** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone :** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone :** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone :** \_\_\_\_\_ **Cell:** \_\_\_\_\_

## Arbor Vitae-Woodruff Elementary School

### DISCLOSURE STATEMENT

**Name:** \_\_\_\_\_

**Other Names Used:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

## **CONVICTION INFORMATION**

Have you ever been convicted of or do you presently have pending any violations of law other than minor traffic violations?    Yes    No

If yes, please complete the section below.

(In accordance with state law, convictions or pending charges will not be used or considered unless they are substantially related to the circumstances of the particular job.)

If there are more than two convictions, please attach a separate paper.

---

Conviction Charge	Date of conviction	Court of conviction
-------------------	--------------------	---------------------

---

City	State	Amount of Fine	Length of jail term
------	-------	----------------	---------------------

---

Length and terms of probation			
-------------------------------	--	--	--

---

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 that 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 the 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 understand 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 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. I understand that any omission or false 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.

---

**Applicant's Signature**

---

**Date**