

Baldwin-Woodville Area School District
550 Highway 12, Baldwin, WI 54002

APPLICATION FOR SUPPORT STAFF POSITIONS

(APPLICATION MAY EITHER BE TYPED OR HANDWRITTEN LEGIBLY.)

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability/handicap, or any other legally protected status.

DATE OF APPLICATION _____

POSITION FOR WHICH YOU ARE APPLYING _____

NAME (*First, Middle Initial, Last*) _____

MAILING ADDRESS _____ **PHONE** _____

GENERAL INFORMATION

1. Do you have the legal right to work in the United States? Yes No
If not, why? _____

2. Is there a criminal charge, felony, or misdemeanor currently pending against you? Yes No
If you checked "yes," please give a brief description of the pending charge. _____

Have you ever been convicted of a crime, felony, or misdemeanor which would substantially relate to the position you are applying for with the District or which would affect your ability to be bonded?
Yes No If you checked "Yes," please give a brief explanatory statement.

Conviction of a crime or arrest is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

3. Have you ever been discharged or requested to resign from a position? Yes No If "Yes," give circumstances. _____

4. Have you applied for a job with us before? Yes No

5. Are you employed now? Yes No

EDUCATION

| | Name & Location | Year Completed | Dates (Mo./Yr.) From - To | Degree |
|-------------------|-----------------|------------------|------------------------------|--------|
| High School | | 9 10 11 12 | | |
| Technical College | | 1 2 | | |
| College | | 1 2 3 4 | | |

Other Qualifications (courses taken, certifications, and/or licenses held, etc.) _____

PREVIOUS WORK EXPERIENCE

| Dates (Mo./Yr.) From - To | Employer's Name & Address | Position | Reason for Leaving |
|------------------------------|------------------------------|----------|--------------------|
| | | | |
| | | | |
| | | | |

REFERENCES

Give names of three references who have firsthand knowledge of your character, personality, and scholarship. DO NOT list relatives.

| <u>Name & Title</u> | <u>City/State</u> | <u>Phone</u> |
|-------------------------|-------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

PERSONAL STATEMENT

Prepare a handwritten statement to include any experience or skills, which in your estimation will contribute to your success in the position for which you are making application. (Use back of this page if necessary.)

JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules, which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for thirty days from the date completed, after which time I would have to reapply in accordance with established company procedures.

Signature of Applicant _____

Baldwin-Woodville Area School District
CONSENT TO CONDUCT
CRIMINAL BACKGROUND CHECK

NOTE TO APPLICANTS: The Baldwin-Woodville Area School District conducts criminal background checks for all new hires and volunteers working with District programs. A criminal conviction or pending criminal charge may be a factor in the hiring decision. An actual check of conviction records and/or pending criminal charges will be conducted only if you are a finalist for the position. The information requested below is required to conduct a criminal history background check and will not be used for any other purpose. Discrimination on the basis of age, gender, race or any other protected class status is prohibited by District policy.

A record of conviction and/or pending criminal charges is not an absolute bar to employment. Such information will be considered only if there is a substantial relationship between the circumstances of the conviction and/or pending charge and the position being applied for. Your completion of this form is part of your application process. Applicants must fill out the form accurately and completely. Applicants who fail to complete the form will not be further considered for employment. An applicant's failure to accurately and completely disclose his or her criminal conviction history may be grounds for removal from further consideration for a position.

POSITION BEING CONSIDERED FOR: _____

NAME: _____
First Middle Last

OTHER NAMES YOU HAVE USED: _____

CURRENT ADDRESS: _____
Street City State Zip

DATE OF BIRTH: _____ **GENDER:** Female ___ Male ___ **SOCIAL SECURITY NUMBER:** _____
Month/Day/Year

Have you ever been convicted of a felony, misdemeanor or ordinance violation (including receipt of a fine) other than non-moving traffic violations? Failure to disclose a conviction for any felony will be considered an intentional omission. Please make every effort to be as accurate as possible when disclosing felonies, misdemeanors or ordinance violations.

No ___ Yes ___ If yes, indicate below: *(Nature of the Offense, Date of Conviction, Name and Location of Court)*

Do you have any charges **pending** against you? No ___ Yes ___ If yes, please indicate the nature of the charges: _____

I agree that the District may conduct a criminal history background check. To the best of my knowledge, the information provided on this form is true and complete. I understand that falsification or omission of information constitutes grounds for not hiring me or for dismissal.

Signature of Applicant

Date