

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

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**APPLICATION FOR SUPPORT STAFF POSITIONS**

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(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 &amp; 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.)

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## **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** \_\_\_\_\_