

HUSTISFORD SCHOOL DISTRICT

845 S. Lake Street
 P.O. Box 326
 Hustisford, WI 53034
 (920) 349-8109 (920) 349-3716 fax
 www.hustisford.k12.wi.us

**APPLICATION FOR
 SUPPORT STAFF EMPLOYMENT**

Please Print or Type

Name _____
 Last First Middle Date of Application

Address _____ City _____ State _____ Zip _____
 (____) _____ (____) _____ (____) _____
 Home Phone Work Phone Cell Phone

 Email Address

POSITION APPLYING FOR: _____

Date available to start work: _____

EDUCATION: HIGH SCHOOL

| HIGH SCHOOL | LOCATION (CITY/STATE) | DID YOU GRADUATE? |
|-------------|-----------------------|-------------------|
| | | |

EDUCATION: COLLEGE/UNIVERSITY/OTHER (LIST MOST RECENT FIRST)

| 1. NAME OF SCHOOL | | LOCATION (CITY/STATE) | | # OF YRS. COMPLETED |
|-------------------|-------|-----------------------|--|---------------------|
| MAJOR | MINOR | DID YOU GRADUATE? | | DEGREE |
| | | | | |
| 2. NAME OF SCHOOL | | LOCATION (CITY/STATE) | | # OF YRS. COMPLETED |
| MAJOR | MINOR | DID YOU GRADUATE? | | DEGREE |
| | | | | |

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

| 1. NAME OF EMPLOYER | ADDRESS (CITY/STATE) | POSITION HELD | REASON FOR LEAVING |
|-------------------------|----------------------|---------------|--------------------|
| | | | |
| SUPERVISOR'S NAME/TITLE | TELEPHONE NO. | FROM | TO |
| | | | |
| 2. NAME OF EMPLOYER | ADDRESS (CITY/STATE) | POSITION HELD | REASON FOR LEAVING |
| | | | |
| SUPERVISOR'S NAME/TITLE | TELEPHONE NO. | FROM | TO |
| | | | |
| 3. NAME OF EMPLOYER | ADDRESS (CITY/STATE) | POSITION HELD | REASON FOR LEAVING |
| | | | |
| SUPERVISOR'S NAME/TITLE | TELEPHONE NO. | FROM | TO |
| | | | |

REFERENCES (List three people who are not related to you and whom you have known for at least one year)

| NAME | ADDRESS | OCCUPATION | TELEPHONE NO. |
|------|---------|------------|---------------|
| | | | |
| | | | |
| | | | |

Please indicate why you are interested in a position with the Hustisford School District, including information that would show why you would be an asset to the District.

The Hustisford School District, as a condition of employment, requires a certificate of good health signed by a physician (Physical Report), TB Test and a criminal information records check through the Wisconsin Department of Justice and other appropriate agencies.

As part of the application process, the Hustisford School District will conduct a criminal information records check. A criminal record does not constitute an automatic bar to employment and except for felonies, a conviction record will only be considered if the circumstances of the conviction substantially relate to the particular job for which you are being considered. Wis. Stat. 111.335(d)(2) provides that school districts may refuse to employ or terminate employment of individuals who have been convicted of a felony, regardless of whether it relates to the particular job.

Have you ever been convicted of an ordinance violation (other than minor traffic violations), misdemeanor, or felony?
_____ Yes _____ No

If yes, please attach a confidential letter explaining the offense(s) including date, location of court, etc.

Is there additional information regarding your name which is necessary for us to conduct a record check (i.e., alias or previous name)? _____

Please read the following statements carefully before you sign your name.

RELEASE

I HEREBY CERTIFY that the answers given to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, schools, law enforcement agencies and other sources of information which may be relevant to my application for employment. In consideration of the Hustisford School District's review of this application, I release from all liability and/or legal claims the Hustisford School District and every person seeking or providing information, whether it is oral or written. A photocopy and/or electronic version of this release shall be as valid as the original and may be relied upon by all persons providing information. It is understood and agreed that any misrepresentation, false statement, or omissions by me on this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment without liability to the Hustisford School District. I have read, understand, and agree to the above statements. (Sign below).

Applicant Signature

Date

Non-Discrimination Statement

Non-Discrimination: The Hustisford School District does not discriminate on the basis of age, race, color, national origin, ancestry, religion, creed, pregnancy, marital or parental status, gender, sexual orientation (including transgender status, change of sex or gender identity), homelessness status, physical, emotional, or learning disability/handicap, in its curricular, career and technical education programs, co-curricular programs, student services, recreational or other programs and activities, or in admissions or access to programs or activities offered by the school district.

All career and technical education opportunities are offered on a nondiscriminatory basis and are open to all students in the Hustisford School District. These programs include offerings in business education, technical education, and family and consumer education.

The Hustisford School District will make reasonable accommodation of a student's sincerely held religious beliefs with regard to academic requirements. The Superintendent of Schools may be contacted regarding non-discrimination issues. He/she can be reached at: Superintendent of Schools, Hustisford School District, 845 South Lake Street, Hustisford, WI 53034 (920-349-8109). (School Board Policies - 1422, 2260, 3122, & 4122)