

EMPLOYMENT APPLICATION

DODGELAND SCHOOL DISTRICT

401 SOUTH WESTERN AVENUE
JUNEAU, WI 53039
(920) 386-4404



Please read before filling out this application. If you need help in completing this application, please ask for assistance.

The Dodgeland School District is an Equal Opportunity Employer that does not discriminate on the basis of age, race, creed, color, disability, marital status, sex, sexual orientation, national origin, ancestry, arrest record, conviction record, military service, or use or nonuse of lawful products off the employer's premises during nonworking hours.

The Dodgeland School District is hereinafter referred to as the District.

PLEASE PRINT – USE INK

-----PERSONAL INFORMATION -----

Current Name: _____
Last Name First Name Middle Initial Maiden Name

List any name(s) different than the above that you have used in previous employment. _____

Present Address: _____
Street City State Zip

Social Security Number: _____ Telephone Number: (_____) _____
Area Code

Are you at least 18 years of age? Yes No If no, age _____

Are you on lay-off and subject to recall? Yes No

Specific position applying for: _____
 Full Time Part-Time Temporary Summer Only

Date Available For Work: _____

Were you employed by the District previously? Yes No
If yes, from _____ to _____

Have you completed an employment application with the District in the last year? Yes No
If so, when _____

Are you legally authorized to work in the U.S.? Yes No

If you are hired, proof of identity and verification for employment will be required.

Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors.) If yes, please explain on a separate sheet of paper. Yes No

Are there any criminal charges currently pending against you? If yes, please explain on a separate sheet of paper. Yes No

*Disclaimer: It is not employment discrimination to use the information obtained in the questions above if the circumstances of the conviction(s) or pending charge(s) are substantially related to the circumstances of the particular job for which you are applying.

Please attach copies of your resume, credentials, and teaching certificate if applicable.

-----EDUCATIONAL BACKGROUND-----

TYPE OF SCHOOL - NAME - LOCATION	Major Field of Study	Last Year Completed	Did You Graduate?	Diploma or Degree
<u>HIGH SCHOOL</u> (Or Elementary School if you did not attend HS) Name _____ Location _____		8 9 10 11 12		
<u>VOCATIONAL/TECHNICAL SCHOOL</u> Name _____ Location _____		13 14 15		
<u>COLLEGE</u> Name _____ Location _____		13 14 15 16		
<u>COLLEGE</u> Name _____ Location _____		13 14 15 16		
<u>GRADUATE SCHOOL</u> Name _____ Location _____		17 18 19 20		

Other Education and/or Training/Skills: _____

-----EMPLOYMENT HISTORY-----

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
Please provide current addresses for supervisors.

1	Company Name:	Telephone: ()
	Name of Supervisor:	Employed (State month and year) From To
	Address of Supervisor:	Reason For Leaving:
	State Job Title:	
	Describe Your Work:	

2	Company Name:	Telephone: ()
	Name of Supervisor:	Employed (State month and year) From To
	Address of Supervisor:	Reason For Leaving:
	State Job Title:	
	Describe Your Work:	

3	Company Name:	Telephone: ()
	Name of Supervisor:	Employed (State month and year) From To
	Address of Supervisor:	Reason For Leaving:
	State Job Title:	
	Describe Your Work:	

4	Company Name:	Telephone: ()
	Name of Supervisor:	Employed (State month and year) From To
	Address of Supervisor:	Reason For Leaving:
	State Job Title:	
	Describe Your Work:	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number (s): _____ Reason: _____ _____

-----REFERENCES-----

(Present or former supervisors are best - not relatives or co-workers.)

Name	Occupation	Address & Phone Number

Additional comments which you feel would be important in our consideration of your application. _____

Please list any extra-curricular interests you may have. _____

-----SUBSTITUTE TEACHER APPLICANTS ONLY-----

Are you certified to teach in Wisconsin? Yes No
 Certificate or License Number: _____ Expiration Date: _____

(A copy of your license must be attached.)

Substitute teachers are encouraged to accept any position that they are offered. The District understands however that preferences do exist. Please check the schools where you prefer to substitute.

- Dodgeland Elementary School Grades EC-5
- Dodgeland Middle School Grades 6-8
- Dodgeland High School Grades 9-12

-----AUTHORIZATION-----

Please read carefully before signing.

By signing below, I certify that the answers given herein are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on this application, or through any other written or verbal communication related to the hiring process, may cause me to be denied employment, or if employed, may be used for discipline up to and including termination. I agree that the District shall not be held liable in any respect if I am not hired, or if I am disciplined or terminated because of any false statements, answers, or omissions made by me in relation to the hiring process.

I hereby grant permission to the District to investigate any of the information contained herein. I authorize any company, school, organization, or individual named herein to release information and records relating to myself, personal or otherwise, and release same parties from any and all liability for any damage that may result from furnishing this information to the District.

I understand that an offer of employment is conditional subject to findings disclosed in a background check and on the results of a physical examination which may include an alcohol and/or drug test, and hereby authorize the release of the results of such physical examination and testing to the District. I understand that I may be required to undergo further examinations and tests and that my employment is contingent upon successful completion of such examinations and tests. I release the District from any and all liability with respect to such examinations and tests, and hold the District harmless for any decision made by the District in this respect.

I agree to conform to the rules, regulations and policies of the District. I fully understand and agree that filling out this Employment Application does not obligate the District to offer me a job, nor does it obligate me to accept a job with the District. I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

↴ _____
Applicant's Signature (Required) _____
Date

FOR OFFICE USE ONLY	Interviewed By: _____ Date: _____	Position Offered: _____	Salary/Hourly Wage: _____
	Interviewed By: _____ Date: _____	Starting Date: _____	Level/Step: _____