



## EMPLOYMENT APPLICATION SUPPORT STAFF

### A. APPLICANT INFORMATION *(please print)*

Full name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City, state ZIP code

Phone: ( ) \_\_\_\_\_  
Home Cell

E-mail: \_\_\_\_\_

### B. POSITION/SALARY DESIRED

Position \_\_\_\_\_ Date available \_\_\_\_\_

I prefer to work (check all that apply): ☐ Full-time ☐ Part-time ☐ Either ☐ Substitute

Salary desired: \$ \_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Annually

### C. EMPLOYMENT HISTORY *(most recent first)*

Organization/Address	Position/Duties	Supervisor/Telephone	Dates From/To

### D. GENERAL INFORMATION

1. Are you physically and mentally able to perform the essential functions of the position for which you are applying?

☐ Yes ☐ No If no, please describe:

\_\_\_\_\_

2. First aid: Are you trained in first aid? ☐ No ☐ Yes (date completed: \_\_\_\_\_)  
CPR: Are you CPR certified? ☐ No ☐ Yes (date completed: \_\_\_\_\_)

3. Foreign language ability: \_\_\_\_\_

Speak: ☐ Fluently ☐ Some ☐ None

Read/write: ☐ Fluently ☐ Some ☐ None

## D. GENERAL INFORMATION (continued)

4. Please list computer software and office machines with which you have experience:

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## E. PERSONAL HISTORY

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|--|------------------------------|-----------------------------|
| 1. Are you a United States citizen?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you prevented from lawfully becoming employed in the United States because of Visa or immigration status (for compliance with the Immigration Reform and Control Act)?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been asked to resign from a position?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been convicted of, pled no contest to, or received a deferred sentence for: a) any crime, and/or b) any crime involving unlawful sexual behavior or unlawful behavior involving children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been dismissed by, or resigned from, a school district or other employer as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever worked under any other name?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please list name(s): \_\_\_\_\_

If you answered 'yes' to any of the questions in Section E, numbers 2 through 7, please provide complete details of the specific question(s) on a separate sheet, stating the date, charge, place, and action taken, if applicable.

## F. REFERENCES

Include individuals who are familiar with your work history and performance. Do not include family members/relatives. References will be contacted should you be a candidate for a specific position.

Name/Organization	Title	Address/Telephone

#### **G. CONSENT for BACKGROUND and REFERENCE CHECKS**

I authorize Northern Ozaukee School District to conduct investigation of all statements contained in this application, in addition to reference and criminal background checks, related to my suitability for employment. I authorize references and my former employers to disclose to the school district any and all employment records, performance reviews, letters, reports, and other information related to my employment, without giving me prior notice of such disclosure. I hereby release Northern Ozaukee School District, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. My signature certifies that all information provided on this application is true and correct to the best of my knowledge, and that any omission, falsification, or misrepresentation of information on the application or accompanying documents may be cause for immediate disqualification or termination of employment. In the event I am employed by Northern Ozaukee School District, I agree to abide by all of its applicable policies, procedures, rules, and regulations.

I certify that I have carefully read and understand the preceding paragraph.

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Applicant's signature

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Date

## APPLICANT QUESTIONS

A. What are three reasons why you would like to be an employee of Northern Ozaukee School District?

1. 

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2. 

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3. 

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B. Describe how you perceive yourself interacting with parents, students, community members, and staff members:

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