

CHILTON SCHOOL DISTRICT

530 W. Main Street
Chilton, WI 53014
920-849-8109
Support Staff

OFFICE USE ONLY	
Supervisor Approval	_____
Superintendent Approval	_____
Board Approval	_____
Board Meeting Date	_____

Name _____
Last First MI

Address _____
Street City State Zip

Home Phone _____ Cellular Phone _____

Email Address _____

Position Applying For _____

Have you previously filed an application with the School District? Yes No If so, when _____

If you are not hired for this position, would you consider subbing? Yes No

Please check all positions and locations you are interested in subbing for:

<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	Instructional Aide	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Custodial
<input type="checkbox"/>	All Buildings	<input type="checkbox"/>	Chilton Elementary	<input type="checkbox"/>	Chilton Middle	<input type="checkbox"/>	Chilton High
							District Office

EDUCATION

	School or Institute and Location	Major/Minor	Diplomas, Degrees or Credits Earned	GPA
High School				
Technical College				
College/University				

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

List any job related licenses or permits currently held

EMPLOYMENT HISTORY (List Most Recent First)

From	To	Employer	Telephone
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize Work Performed and Job Responsibilities	
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No/Why			
Reason for Leaving		Hourly Rate/Salary Start	Per Final Per

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Immediate Supervisor and Title		Summarize Work Performed and Job Responsibilities	
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No/Why			
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May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No/Why			
Reason for Leaving		Hourly Rate/Salary Start	Per Final Per

ALL REFERENCES WILL BE CHECKED

EMPLOYER DISCLAIMER, AUTHORIZATION AND RELEASE

Through my signature below, I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, my employment with the School District of Chilton may be terminated. I agree that the School District of Chilton shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application.

I am informed that the School District of Chilton will conduct an inquiry regarding my qualifications, background and suitability for the position of employment, for which I have made application and I consent to the inquiry.

I also authorize former employers, educational institutions, government agencies, personal references, professional references, and other appropriate sources to provide the School District of Chilton with any information requested regarding my employment, character, experience, and qualifications, and/or suitability for employment, including any record of civil or criminal conviction or arrest, the circumstances of which substantially relate to the circumstances of the position for which I have applied; record of civil judgment; police record; driving record; check of my fingerprints; record of professional license revocation, and opinions related to my suitability for hire. I understand that such information is sought on a confidential basis and will not be released to me in any form whatsoever. I waive any right or claim of access to this information.

I authorize disclosure to the School District of Chilton of my complete personnel file and all personnel records maintained by the previous employers, identified in this application.

I further voluntarily and knowingly, fully release and discharge, absolve, indemnify, and hold harmless such former employers, persons, firms, corporations, schools, or government agencies, their officials, employees, and agents from any and all claims, liability, demands, causes of action, damages, and costs, including attorneys' fees, present and future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any information, records, or opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory facts concerning employment, made for the express purpose of preventing me from obtaining employment which the officer, employee, or agent, disclosing such facts, knows are untrue.

A copy of this authorization is as valid as the original and should be recognized as such.

Signature _____ Date _____

This school district is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, creed, sex, national origin, disability, age, color, religion, genetic information, marital status, citizenship status, veteran status, military service (as defined in Sec. 111.32, Wis. Stats.), sexual orientation, national origin, ancestry, arrest record, conviction record, use or non-use of lawful products off School District premises during non-working hours, or any other characteristic protected by law, except as permitted by law.

BACKGROUND CHECK

OFFICE USE ONLY Request Reason: _____ Staff Notification: _____

This information sheet will be forwarded to **the District Office of Chilton Public Schools**, who will coordinate the background check. The following information is necessary to perform an accurate criminal history.

(Please print legibly)

Name _____
Last
First
Middle

Address _____
Street
City
State
Zip code

Social Security Number -- Birth date Place of Birth _____
City and State

Maiden Name and/or Aliases (list all) _____

Driver's License State Number ---

Ethnic Background: Native American (American Indian) African American White
 Asian, Pacific Islander, Native Alaskan Hispanic Other

Gender: Male Female

Counties where you have lived since High School.

County	State	Date (if not in WI)	County	State	Date (if not in WI)
<i>Example: Calumet County</i>	<i>Wisconsin</i>	-			

FOR THE SAFETY OF OUR STUDENTS

Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, **including, but not limited to theft, attempted murder, rape, swindling and indecency with a minor.**

Have you been arrested or convicted of a felony or any offense involving moral turpitude? Yes No

Have you ever been arrested or convicted of a felony or any offense involving moral turpitude and received probation? Yes No

Has any court ever received a plea of guilty or a plea of no contest from you for any offense involving moral turpitude, deferred further proceedings without entering a finding of guilty and placed you on probation? Yes No

Do you have any criminal or misdemeanor cases pending? Yes No

If you answered yes to any question in this section, please explain in full, (attach pages if needed)

Being convicted of a crime is not an automatic bar to being an employee or volunteer in our schools. The **district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position you are seeking.**

AGREEMENT – Please read carefully before signing

I certify that the answers given by me to all the questions on this application and any attachment are to the best of my knowledge and belief, true and correct. I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of facts in this application may result in refusal of or separation of my duties upon discovery thereof.

I hereby authorize the **School District of Chilton** to submit the criminal history check to the necessary authorities and I hereby release all agencies and the **School District of Chilton**, its agents and employees from any and all liability or responsibility arising from furnishing such information. I understand that the application and records become the property of the **District** which reserves the right to accept or reject them.

Applicant Signature _____

Date _____

This information and the resulting report from all agencies are strictly confidential and will be released to no one without your authorization.