

PLUM CITY SCHOOL DISTRICT
907 Main St., Plum City, WI 54761 www.plumcity.k12.wi.us

**SUPPORT STAFF APPLICATION FOR EMPLOYMENT
AT PLUM CITY SCHOOL DISTRICT**

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip)

(Home Phone #) (Cell Phone #)

Permanent Address: _____
(Street) (City) (State) (Zip)

(Home Phone #) (Cell Phone #)

Address to contact you about this application: _____

Social Security Number: _____

Have you ever applied for employment with us? _____

If yes, Month and Year _____ Position Prev. Applied For: _____

Position Desired: _____ Pay Expected: _____

Apart from absence for religious observance, are you available for full-time work? _____

If not, what hours can you work? _____

Will you work overtime if asked? _____ When will you be available to begin work? _____

How did you learn of our organization? _____

Employment Eligibility Verification: Are you lawfully authorized to work in the U.S.? _____

The Immigration Reform and Control Act of 1986 require employers to hire only U.S. citizens and aliens lawfully authorized to work in the U.S. Anyone hired by this school district will be required to provide the necessary proofs of eligibility.

This school district is an equal opportunity employer and does not discriminate against applicants on the basis of race, creed, sex, national origin, handicap, age, or political affiliation.

EDUCATION/TRAINING

List education or training which relates to this job.

Degree/Diploma/Training

School or Employer Where Training Was Obtained

Location

List other skills or knowledge which are assets for employment:

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Also include major non-pay activities.

Company Name: _____

Address: _____

Telephone: (____) _____ **Employed** (State Mo/Yr) From: _____ To: _____

Name of Supervisor: _____

State Job Title and Describe your Work: _____

Weekly Pay – Start: _____ **End:** _____ **Reason for Leaving:** _____

Company Name: _____

Address: _____

Telephone: (____) _____ **Employed** (State Mo/Yr) From: _____ To: _____

Name of Supervisor: _____

State Job Title and Describe your Work: _____

Weekly Pay – Start: _____ **End:** _____ **Reason for Leaving:** _____

Company Name: _____

Address: _____

Telephone: (____) _____ **Employed** (State Mo/Yr) From: _____ To: _____

Name of Supervisor: _____

State Job Title and Describe your Work:

Weekly Pay – Start: _____ **End:** _____ **Reason for Leaving:** _____

Company Name: _____

Address: _____

Telephone: (____) _____ **Employed** (State Mo/Yr) From: _____ To: _____

Name of Supervisor: _____

State Job Title and Describe your Work: _____

Weekly Pay – Start: _____ **End:** _____ **Reason for Leaving:** _____

The following information is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most additional types such as discrimination based upon ancestry, marital status, or physical or mental handicap or disability.

Are you over 18 years of age? _____ If not, employment is subject to verification of minimum legal age.

Have you ever been bonded? _____ If yes, with what employer? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been expunged, annulled, or sealed by a court? _____ Yes _____ No If yes, describe in full:

A criminal record does not constitute an automatic bar from employment but will be considered as it relates to the job. Are you subject to any pending illegal charges which would relate to your suitability as a professional school employee? _____ If yes, when are these charges expected to be resolved? _____

State names of relatives and friends working for us: _____

Will you be able to perform the essential functions of the job you are applying for without accommodations? _____ If reasonable accommodations must be made, please describe or be prepared to demonstrate how you would perform job-related functions:

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date

Signature

DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY

REFERENCE CHECK

EMPLOYER	PERSON CONTACTED	RESULTS
1		
2		
3		
4		
5		

TEST RESULTS

TEST ADMINISTERED	RAW SCORES	RATING	ANALYSIS & COMMENTS
1.			
2.			
3.			
4.			

INTERVIEW RESULTS

DISCLOSURE/RELEASE OF INFORMATION STATEMENTS

The responsibility of the Plum City School District to its school children and community necessitates the following information from all selections regarding criminal convictions*. A record of arrest or conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from further consideration for employment. **Applicants must report any arrest or convictions that occur subsequent to the time they initially completed this form within five workdays** to the District Administrator, Plum City School District, 907 Main St., Plum City, WI 54761.

Name: _____
(please print) Last First Middle

Address: _____

Other names used _____ Dates of Usage _____ Sex _____ Race _____
(Including Maiden Name)

Social Security Number _____ Date of Birth _____

Have you ever lived outside of Wisconsin ____ No ____ Yes If yes, Where _____
When _____

Have you ever been arrested for or convicted * of, or do you presently have pending, charges for violations of law other than minor traffic violations? ____ No ____ Yes (In accordance with state law, arrests, convictions or pending charges will not be used or considered unless they are substantially related to circumstances of the particular job.) If the answer to the above question is "Yes", please fill in the information below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

ARREST OR CONVICTION INFORMATION

1. Charge _____	Date of Arrest/Conviction _____	County/State _____
City _____ State _____	Amount of Fine _____	Length of Jail Term _____
Remarks: _____	Length/Terms of Probation _____	

***Conviction means the final judgment of a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.**

I authorize the investigation of all statements contained herein, authorize any involved Agency to provide requested information and understand that any document relevant to this information may be reviewed by the agents of the Plum City School District. I understand that my employment is not finalized until the background investigation has been completed.

Also, I certify that the answers given by me in the application for employment are true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is terminated because of false statements or answer omissions made by me in this application. In consideration of the school district's review of my application. I hereby release the District as well as previous employers, references, and all providers of information regarding my suitability for employment from any liability, cause of action, damages or costs, which may result from the providing of this information.

Signature _____ Date _____

No person shall be discriminated against or harassed in any action under any program or activity sponsored by the Plum City School District, solely by reason of age, race, creed, color, handicap/disability, marital or parental status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record not materially related to the responsibilities of employment, membership in the national guard, state defense force or any reserve component of the military forces, or use or nonuse of lawful products outside the work place during nonworking hours.

AHERA / RIGHT-TO-KNOW / DRUG-FREE WORKPLACE:

Various state and federal laws, rules, and regulations require the Plum City School District to inform you of different aspects of your employment. Consequently, would you please read the following information regarding the Asbestos Hazard Emergency Response Act, Wisconsin Employee Right-to-Know Law, and the Drug-Free Work Place.

ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA):

On October 22, 1986, President Reagan signed into law the Asbestos Hazard Emergency Response Act (AHERA). Under AHERA, the United State Environmental Protection Agency was directed to publish regulations that provide a framework for asbestos control in public and private schools.

To comply with these regulations, the Plum City Area School District has conducted an asbestos inspection of the District's school buildings. The District will continue to monitor and maintain the asbestos discovered during the inspection process. The inspection results and a Management Plan will be filed with the appropriate State agency and will be available for public review at the district administrative office.

WISCONSIN EMPLOYEE RIGHT-TO-KNOW LAW:

This section is to inform you of the 1984 Wisconsin Employee Right-to-Know Law. The regulation required the Plum City School District to inform and train all employees for their right-to-know about the chemicals used in their work place. At each work place, a notice has been posted informing employees of their rights under this regulation. A yearly training program is provided for all employees during each school year.

To ensure the availability of information for the chemicals used in the work place, the District has compiled Materials Safety Data Sheets. Each Material Safety Data Sheet (MSDS) provides information on the product's identity, hazardous ingredients, physical and chemical characteristics, physical hazards, health hazards, any special product information, special precautions and spill leak procedures. The Material Safety Data Sheets are maintained in the Principal's office at each school in the District.

DRUG FREE WORKPLACE:

It is the intent of the Board of Education to maintain a drug free workplace. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited on school property.

As a condition of employment employees must abide by this prohibition. Employees are also required to notify the District Administrator in writing of any criminal drug statute conviction for a violation occurring in the work place no later than five calendar days after such conviction.

The Board of Education will within 30 calendar days of receiving such notice, take appropriate disciplinary action as outlined in the master contract. Discipline may proceed up to and including termination, or requiring employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement or other appropriate agency.

This section will serve as your notification of the Board policy. If you require further clarification regarding this Board policy or the disciplinary action that will result for failure to adhere to this drug free workplace policy, you may contact the District Administrator..

Please sign on the line below indicating that you have been informed of the information contained herein. Thank you for assisting us in completing these requirements and should you have any question or concern, please feel free to contact the District Administrator.

I acknowledge that I have been informed of the Wisconsin Employee Right-to-Know Law, the location of the District's Material Safety Data Sheets and the AHERA guidelines. Also, I have been informed of the Board's policy to maintain a drug free workplace and understand that failure to follow that policy will result in disciplinary action and possible termination.

Signature

Position(s) ie. Teacher, support staff, food service
custodian, coach, bus driver, other

Date