SCHOOL DISTRICT OF COLBY APPLICATION FOR EMPLOYMENT

RETURN APPLICATION School District of Colby 705 N. Second Street – PO I Colby, WI 54421-0139		DATE		
POSITION APPLYING FOR	R:			
PERSONAL DATA:				
NAME:LAST	TVD CIT			
ADDRESS: STREET	FIRST		MIDDLE	
TELEPHONE: ()		Y STATE [AIL ADDRESS		
AREA NUME		AIL ADDRESS		
DO YOU HAVE ANY REST	TRICTIONS ON YOUR E	MPLOYMENT: YES	NO IF SO, WHAT?	
EMPLOYMENT ACCEPTA	.BLE: FULL-TIMEPA	RT-TIME SCHOOL YEA	R SUBSTITUTE	
AVAILABLE FOR EMPLO	OYMENT ON:	DATE	_	
LANGUAGES (PLEASE LIST	Γ ANY LANGUAGE(S) SPOKE			
EDUCATION AND TRAIN	NING:			
SCHOOL	NAME/ADDRESS	COURSE OF STUDY	YEARS COMPLETED CIRCLE ONE	
HIGH SCHOOL OR GED			1 2 3 4	
VOCATIONAL OR TECHNICAL COLLEGE			1 2 3 4	
COLLEGE			1 2 3 4	
CERTIFICATIONS OR PI	ROFESSIONAL LICENS	Æ.		
ТҮРЕ	STATE	EXPIRATION DATE	NUMBER	
IF OFFERED AN EMPLO accommodation? Please exp		rith the District, will you need	l any reasonable	
CO-CURRICULAR ACTI	VITIES WHICH YOU AI	RE QUALIFIED TO ADVI	SE:	

PREVIOUS EXPERIENCE	(Please list most recent first):
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DATES FROM:	TO:	COMPANY NAME, ADDRESS & PHONE	TITLE	DESCRIBE DUTIES	SUPERVISOR	REASON FOI LEAVING
PECIA	LIZED	TRAINING AND/OR	INTERESTS	& EXPERIENCE	S:	
PECIA	LIZED	TRAINING AND/OR	INTERESTS &	& EXPERIENCE	S:	
REFERE		TRAINING AND/OR (Please list references TITLE	who have know		alifications):	TELEPHONE
		(Please list references	who have know	vledge of your qu	alifications):	TELEPHONE
EFERE		(Please list references	who have know	vledge of your qu	alifications):	TELEPHONE
REFERE		(Please list references	who have know	vledge of your qu	alifications):	TELEPHONE
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EFERE		(Please list references	who have know	vledge of your qu	alifications):	TELEPHONE
REFERE	ENCES	(Please list references TITLE	who have know	vledge of your qua	alifications):	
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CRIMINAL RECORD DISCLOSURE:

The responsibility of the School District of Colby to its students and community necessitates the following information from all employees regarding criminal convictions.* A record of arrest and 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 days to the Superintendent, School District of Colby, 705 N. Second Street – P.O. Box 110, Colby, WI 54421-0139.

NAM	E			
	LAST	FIRST	MIDDLE	
OTHE	ER NAMES USEDIN	CLUDING MAIDEN NAME	DATES OF USAGE	SEX RACE
SOCI	AL SECURITY NUMBER	·	DATE OF BIRTH	
Have	you every lived outside of	Wisconsin? [] No [] Yes	If YES, Where	
minor consider please	r traffic violations? [] Not lered unless they are substa	r or convicted * of, or do you property of [] Yes (In accordance with state and antially related to circumstances of the below and attach a letter of explanation).	te law, arrests, convictions or pende particular job. If the answer to	ding charges will not be the above question is "Yes",
ARRI	EST OR CONVICTION I			
1.	CHARGE	DATE OF A	RREST/CONVICTION	COUNTY
	CITY	STATEAMOU	UNT OF FINELENGTH	H OF JAIL TERM
	REMARKS	LENG	GTH AND TERMS OF PROB	ATION
2.	CHARGE	DATE OF A	RREST/CONVICTION	COUNTY
	CITY	STATEAMOU	JNT OF FINELENGTH	H OF JAIL TERM
	REMARKS	LENG	GTH AND TERMS OF PROB	ATION
any st	tate or federal court of co	udgment of a verdict or a finding ompetent jurisdiction in a crimin to include a final judgment which	al case, regardless of whether	an appeal is pending or could
infori Distri	nation, and understand th	f all statements contained herein hat any document relevant to thi d that my employment is not fin	s information may be reviewed	d by the agents of the School
the So staten disclo	chool District of Colby sinents or answer omission osure, I hereby release the	hall not be held liable in any response made by me in this disclosure are District as well as all providers oviding and receiving of this info	pect if my employment is term t. In consideration of the Scho s of information from any liabi	ninated because of false ol District's review of this
SIGN	ATURE		DATE	

ALL APPLICANTS MUST INCLUDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION:

- Placement or Credential File OR Three Letters of Recommendation
- Copies of Appropriate Wisconsin Teaching Certificate [and copies of certificates issued by any other states]. Recent college graduates may submit a Professional Education Certificate issued by your training institution as a temporary license.
- Copies of All Other Licenses required for the certified position for application is being made.
- Transcripts of All Undergraduate and Graduate Studies [Copies are acceptable during the application process; Official Transcripts are Required upon employment.]

APPLICANT'S TESTAMENT & AUTHORIZATION FOR INFORMATION RELEASE, PHYSICAL EXAMINATION & BACKGROUND CHECK:

I am currently seeking employment with the School District of Colby. I hereby certify that the answers/statements given by me to the foregoing questions 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 the Application for Certified Employment, or any other document, may be used to deny my employment, or if employed, may be used for discipline, up to and including termination. I agree that all statements made in this application may be investigated. I agree that the School District of Colby shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me on this Application for Certified Employment or any other document.

I hereby authorize the School District of Colby at the time of my application or during the course of my employment to obtain information from any source regarding my education, experience, criminal background, competence, character, or medical history, as it relates to the position for which I am applying or in which I may be employed. I voluntarily and knowingly authorize my former employer(s), their officers, employees and agents to release any and all information concerning my employment to the School District of Colby, its officers and agents. I understand that the information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by my references and former employer(s), its officers, employees and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless my references and former employer(s), its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorneys fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any information or opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosure of such facts knows are untrue.

I also understand that I may be required to undergo a post-conditional employment offer physical examination, and hereby authorize the results of such physical examination to the School District of Colby. I understand that I may be required to undergo further such examinations and tests in the future, and that my employment is contingent upon successful completion of such examinations and tests. I understand and release the School District of Colby from any and all liability with respect to such examinations and tests, and hold the School District of Colby harmless for any decision made in this respect.

I understand that, if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the Immigration and Reform and Control Act of 1986.

I agree to conform to the rules, regulations and policies of the School District of Colby. I fully understand and agree that completing this Application for Certified Employment does not obligate the School District of Colby to offer me employment, nor does it obligate me to accept employment with the School District.

SIGNATURE OF APPLICANT	 DATE

EQUAL OPPORTUNITY EMPLOYER

The School District of Colby is an equal opportunity employer and does not discriminate against applicants on the basis or race, creed, sex, sexual orientation, national origin, disability, age, or political affiliation.