

# 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 Dodge 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 Dodge 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.

<b>1</b>	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:	

<b>2</b>	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:	

<b>3</b>	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:	

<b>4</b>	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.	<b>DO NOT CONTACT</b>
	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**

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