



# DODGELAND SCHOOL DISTRICT

401 SOUTH WESTERN AVENUE  
 JUNEAU, WI 53039  
 920-386-4404

## EMPLOYMENT APPLICATION

**Please read before filling out this application. If you need help in completing this application, please ask for assistance.**

The Dodgeland School District is an Equal Opportunity Employer that does not discriminate on the basis of the Protected Classes of race, color, national origin, age, sex (including transgender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend an employer-sponsored meeting or to participate in any communication with the employer about religious matters or political matters, or any other characteristic protected by law in its employment practices.

The Dodgeland School District is hereinafter referred to as the District.

**PLEASE PRINT – USE INK**

----- PERSONAL INFORMATION -----										
Last Name			First Name			Middle Initial		Maiden Name		
List any name(s) different than above that you have used in previous employment										
Street Address				City			State	Zip Code		
Social Security Number			Phone Number			Email				
Are you at least 18 years of age?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, list age		Are you on lay-off and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specific position applying for				<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary	Date Available for Work				
				<input type="checkbox"/> Part-Time	<input type="checkbox"/> Summer Only					
Were you previously employed by the District?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, from _____ to _____					
Have you completed an employment application with the District in the last year?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, when: _____				
Are you legally authorized to work in the U.S.?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If you are hired, proof of identity and verification for employment will be required.</b>					
Have you ever been convicted or pled guilty before a court for any federal, state, or municipal criminal offense? (Exclude minor traffic misdemeanors) <i>If yes, please explain on a separate sheet of paper.</i>								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any criminal charges currently pending against you? <i>If yes, please explain on a separate sheet of paper.</i>								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>**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 circumstance of the particular job for which you are applying.</b>										
Revised 2010 – Lathrop & Clark					Revised June 2021					



----- **EMPLOYMENT HISTORY** -----

Please give accurate and complete full-time and part-time employment records.  
Start with your present or most recent employer. Please provide current addresses for supervisors.

<b>1</b>	Company Name	Phone Number
	Name of Supervisor	Employed (state month and year) From                      To
	Address of Supervisor	Reason for Leaving
	Job Title	
	Describe Your Work	
<b>2</b>	Company Name	Phone Number
	Name of Supervisor	Employed (state month and year) From                      To
	Address of Supervisor	Reason for Leaving
	Job Title	
	Describe Your Work	
<b>3</b>	Company Name	Phone Number
	Name of Supervisor	Employed (state month and year) From                      To
	Address of Supervisor	Reason for Leaving
	Job Title	
	Describe Your Work	
<b>4</b>	Company Name	Phone Number
	Name of Supervisor	Employed (state month and year) From                      To
	Address of Supervisor	Reason for Leaving
	Job Title	
	Describe Your Work	

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT:**

Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

----- REFERENCES -----

NAME	OCCUPATION	ADDRESS AND 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.

Are you certified to teach in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate or License Number	Expiration Date
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**A COPY OF YOUR LICENSE MUST BE ATTACHED.**

----- SUBSTITUTE TEACHER APPLICANTS ONLY -----

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 teach.

Dodgeland Elementary School – Grades EC to 5	Dodgeland Middle School – Grades 6 to 8	Dodgeland High School – Grades 9 to 12
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----- 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, person 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.

\_\_\_\_\_ Date

Applicant's Signature (Required)