

**WESTBY AREA SCHOOL DISTRICT
206 WEST AVENUE SOUTH
WESTBY, WISCONSIN 54667
(608)634-0101**

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION – PROFESSIONAL STAFF

Personal

Last Name	First	Middle	Date
Street Address	City	State	Zip
Home Telephone	E-mail Address		Business Telephone
Position Desired _____			
Have you ever been interviewed for a position with us?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, month and year _____		Interviewed by _____	
List special training or skills that relate to the position: _____			

Other extracurricular activities you are qualified and willing to coach or direct: _____			

Certification

Do you have a current Wisconsin certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, list and include Wisconsin certificate codes:			
Grade Level(s)	_____	_____	_____
Subject Levels(s) Approved	_____	_____	_____
If you do not presently hold a Wisconsin certificate, are you certifiable in Wisconsin?(Contact the DPI for information.) _____ For which teaching areas would you be certified: _____			

All contracts require a valid Wisconsin teaching certificate for the grade level and subjects being taught

Experience

List all employers with current or most recent employment first. Leave no time unaccounted for.

Teaching

Name and Location of School	Telephone
Supervisor	Dates Employed
Nature of Work (Specify grades and subjects, extracurricular duties, etc.)	Reason for Leaving
Name and Location of School	Telephone
Supervisor	Dates Employed
Nature of Work (Specify grades and subjects, extracurricular duties, etc.)	Reason for Leaving
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Name and Location of School	Telephone
Supervisor	Dates Employed
Nature of Work (Specify grades and subjects, extracurricular duties, etc.)	Reason for Leaving

Student Teaching

Name and Location of School	Grades or Subjects Taught	Supervisor	Number of Weeks

Non-teaching

Name and Location of Employer	Dates of Employment	Nature of Work

Education

School	Name and Location of School	Major/Minor	Total GPA	Degrees/Diplomas
College or University				
College or University				
High School				
Elem. School				
Other				

Professional Data

Are you presently under contract? ☐ Yes ☐ No

When will you be available to begin work? _____

Membership in professional or civic organizations: _____

Have you ever been dismissed, asked to resign, or non-renewed? ☐ Yes ☐ No

If yes, state where and state reasons _____

Have you ever been subject to license revocation proceedings or had your license suspended or revoked? ☐ Yes ☐ No

If yes, state where and state reasons _____

Do you have a valid driver's license? ☐ Yes ☐ No

If no, explain _____

Is there a criminal charge, felony or misdemeanor, currently pending against you? ☐ Yes ☐ No

If you checked "yes", you may be asked to complete the disclosure form.

Have you ever been convicted of a crime, felony or misdemeanor? ☐ Yes ☐ No

If you checked "yes" you may be asked to complete the disclosure form.

CONVICTION OR ARREST IS NOT AN AUTOMATIC BAR TO CONSIDERATION FOR EMPLOYMENT WITH THE DISTRICT. EMPLOYMENT WITH THE DISTRICT IS CONTINGENT UPON CRIMINAL BACKGROUND CHECK.

References

Name	Address	Vocation/Title	Telephone

Personal Statement

Prepare a HANDWRITTEN STATEMENT to include any experience or talent which in your estimation will contribute to your success in the position for which you are applying.

Authorization and Release

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions can lead to immediate dismissal and I agree that the Westby Area School District shall not be held liable in any respect if my employment is terminated for that reason.

I authorize the Westby Area School District to make any investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, credit agency, or government agency to give the Westby Area School District any information they may have regarding me. In consideration of the Westby Area School District's review of this application, I release the Westby Area School District and all providers of information from any liability as a result of furnishing and receiving such information.

I further understand that any offer of employment is subject to the Westby Area School District policy regarding the results of a criminal background check that the Westby Area School District will be conducting through the Wisconsin Department of Justice or local law enforcement agencies. This authorization shall be valid for three (3) months from the date of my signature below. A signed copy of this release shall be deemed valid; an original signature shall not be required.

Signature _____ **Date** _____

Equal Opportunity Employment

The Westby Area School District is an equal opportunity employer and does not discriminate against employees or applicants for employment on the basis of any category protected under the Wisconsin Fair Employment Act (Wis. Stat. § 111.31, et seq.) or comparable federal laws.

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I further understand that any offer of employment is subject to the Westby Area School District policy regarding the results of a criminal background check that the Westby Area School District will be conducting through the Wisconsin Department of Justice or local law enforcement agencies. This authorization shall be valid for three (3) months from the date of my signature below. A signed copy of this release shall be deemed valid; an original signature shall not be required.

Signature _____ **Date** _____

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The Westby Area School District is an equal opportunity employer and does not discriminate against employees or applicants for employment on the basis of any category protected under the Wisconsin Fair Employment Act (Wis. Stat. § 111.31, et seq.) or comparable federal laws.

I further understand that any offer of employment is subject to the Westby Area School District policy regarding the results of a criminal background check that the Westby Area School District will be conducting through the Wisconsin Department of Justice or local law enforcement agencies. This authorization shall be valid for three (3) months from the date of my signature below. A signed copy of this release shall be deemed valid; an original signature shall not be required.

Signature_____ **Date**_____

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