

**SCHOOL DISTRICT OF WAUPACA
Application Information for**

Support Staff

Application Procedures

1. Complete Application for Employment and send to the Administrator and Address listed on posting. If not applying for a posted position, please return to: District Administrator
515 School St
Waupaca, WI 54981

Call us at (715)258-4121 (Monday-Friday, 7:30 a.m.-4:00 p.m.) if you have questions.

Hiring Procedures

We will contact you if you are scheduled for an employment interview.

Your application will remain on active file for the academic year for which you applied. If you are not hired and wish to remain on our active file for the following academic year, it is your responsibility to send us a letter of reapplication. Applications are discarded after three years if you do not reapply with us.

SCHOOL DISTRICT OF WAUPACA

Application for Employment

Support Staff

POSITION(S) APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> Instructional Aide | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Buildings and Grounds |
| <input type="checkbox"/> Secretary/Clerical | <input type="checkbox"/> Other: _____ |

AVAILABILITY FOR EMPLOYMENT:

- | | | |
|---|--|--|
| <u>Permanent</u> | <u>Temporary</u> | <u>Substitute</u> |
| <input type="checkbox"/> Full Time (Year Round) | <input type="checkbox"/> Part Time Until _____ | <input type="checkbox"/> Buildings & Grounds |
| <input type="checkbox"/> Part Time (Year Round) | <input type="checkbox"/> Full Time Until _____ | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Full Time (School Term Only) | | <input type="checkbox"/> School Aide |
| <input type="checkbox"/> Part Time (School Term Only) | | <input type="checkbox"/> Office |

PERSONAL DATA:

NAME _____
Last First Middle

Present Address _____ City State Zip Code Phone #

Have you previously applied for a position with the School District of Waupaca? Yes _____ No _____

If so what position? _____

Please describe any function or task in the position you seek which you would be unable to perform. _____

MOST RECENT WORK EXPERIENCE:

From _____ to _____ \$ _____
Month/Year Month/Year Employer Rate of Pay Job Title

Reason for Leaving Employment _____ Supervisor's Name _____

Supervisor's Title and Telephone Number _____

PREVIOUS WORK EXPERIENCE:

From _____ to _____ \$ _____
Month/Year Month/Year Employer Rate of Pay Job Title

Reason for Leaving Employment Supervisor's Name

Supervisor's Title and Telephone Number

PREVIOUS WORK EXPERIENCE:

From _____ to _____ \$ _____
Month/Year Month/Year Employer Rate of Pay Job Title

Reason for Leaving Employment Supervisor's Name

Supervisor's Title and Telephone Number

Education and Other Certification

High School diploma: ___ Yes ___ No _____
Name and City of high school attended

Other Education and/or Certification related to the job you are applying for:

1. _____

2. _____

REFERENCES: Names of three (3) people who are not related to you and you have known at least one year.

Name Relationship Years Acquainted Telephone

1. _____

2. _____

3. _____

Sign your name here. Your signature affirms the information on this application is true to the best of your knowledge. I agree any false statements or omissions may lead to rejection of this application and/or dismissal.

Signature

Date