

ERIN SCHOOL DISTRICT

6901 Hwy O
Hartford, WI 53027
(262) 673-3720 - FAX: (262) 673-2659
www.erinschool.org

Date of Application:

SUPPORT STAFF APPLICATION

Last Name		Maiden Name/Previous Name (if applicable)		
First Name		Middle Name		
Mailing Address		City	State	Zip Code
Home Telephone (with area code)	Cell Phone (with area code)		Best time to call: a.m. p.m.	
How long at present address: years months		Email address:		
Position Applying For		Available Start Date	Hours available for employment:	

Have you ever been employed by the Erin School District? Yes No

If yes, give department and date:

Have you previously filed an application with this school district? Yes No

If so, on what date and for what position?

Are you a citizen of the United States? Yes No If, "No", are you authorized to work in the WUU? Yes No

High School Completed: 1 2 3 4 School Attended (name/city/state):

Technical School: 1 2 3 4 School Attended (name/city/state):

Attended From: To: Degree Received:

College Completed: 1 2 3 4 School Attended (name/city/state):

Attended From: To: Degree Received:

Have you ever been convicted of a felony? If yes, explain:

The Erin School District does not discriminate on the basis of sex, race, national origin, ancestry, religion, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability or handicap or other basis prohibited under state or federal law.

Previous Employment: Give an account of your employment. Start with your present or most recent position and work back, listing positions you have held.

Name of Employer	Address:	Phone (with area code):
Date of Employment: From To	Position Title:	
Description of Work:		
Supervisor:	Reason for leaving:	
Starting Salary:	Final Salary	

May we contact your previous supervisor for a reference? Yes No

Name of Employer	Address:	Phone (with area code):
Date of Employment: From To	Position Title:	
Description of Work:		
Supervisor:	Reason for leaving:	
Starting Salary:	Final Salary	

May we contact your previous supervisor for a reference? Yes No

Name of Employer	Address:	Phone (with area code):
Date of Employment: From To	Position Title:	
Description of Work:		
Supervisor:	Reason for leaving:	
Starting Salary:	Final Salary	

May we contact your previous supervisor for a reference? Yes No

Name of Employer	Address:	Phone (with area code):
Date of Employment: From To	Position Title:	
Description of Work:		
Supervisor:	Reason for leaving:	
Starting Salary:	Final Salary	

May we contact your previous supervisor for a reference? Yes No

List any qualifications or skills you possess for the position for which you are applying (typing, shorthand, welding, painting, food preparation, child care, etc.):

Personal References:

Name:	Phone (with area code):	Relationship:
Name:	Phone (with area code):	Relationship:
Name:	Phone (with area code):	Relationship:

I understand that my employment is contingent on my passing the required physical examination and criminal records check.

RELEASE OF INFORMATION WAIVER

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, medical records and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Erin School District and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Signature of Applicant

Date