

**SCHOOL DISTRICT OF PHILLIPS**

Return to: Superintendent's Office  
365 Highway 100, PO Box 70  
Phillips, WI 54555

**APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

Please type or Print

Date: \_\_\_\_\_

1. Position(s) applied for:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Appointed Teacher | <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Administration        | <input type="checkbox"/> Clerical              |
| <input type="checkbox"/> Food Service      | <input type="checkbox"/> Custodial          | <input type="checkbox"/> Transportation/Driver | <input type="checkbox"/> Paraprofessional Aide |

2. Name \_\_\_\_\_  
Last First Middle Former Name

3. Present Address \_\_\_\_\_  
Number Street City State Zip Telephone w/Area Code

4. Permanent Address \_\_\_\_\_  
Number Street City State Zip Telephone w/Area Code

Cell phone number \_\_\_\_\_ Email \_\_\_\_\_

5. Social Security Number \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Former District Employee  Yes  No If yes, dates employed \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

6. Ethnicity:  Hispanic  Not Hispanic Race:  Asian/Pacific Isl  Black  Hispanic  Amer Ind/Alaska  White

7. Are you a graduate of an accredited institution?  Yes  No If not, when will you graduate? \_\_\_\_\_

8. Date of availability \_\_\_\_\_ Are you under contract?  Yes  No If yes, expiration date \_\_\_\_\_

9. Have you filed an application with the School District of Phillips previously?  Yes  No

10. If yes, when was the previous application filed? \_\_\_\_\_ Under what name? \_\_\_\_\_

11. Have you worked for a Wisconsin Retirement System (WRS) participating employer prior to July 1, 2011?

Yes  No If yes, enter the name of the most recent prior WRS-participating employer: \_\_\_\_\_

Enter the date(s) that you most recently worked for WRS-participating employer: \_\_\_\_\_

12. If applicable, indicate the grade level(s) in which you are certified. Prioritize only the level(s) you are interested in by placing a #1, #2, or #3 in front of Elementary, Middle, or High. List in preference order, under the respective level, the grades, subjects, or special areas for which you are applying.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Elementary (Grade K-5) | <input type="checkbox"/> Middle (Grades 6-8) | <input type="checkbox"/> High (Grades 9-12) |
| 1. _____  | 1. _____                                     | 1. _____                                    |
| 2. _____  | 2. _____                                     | 2. _____                                    |
| 3. _____  | 3. _____                                     | 3. _____                                    |

13. Have you ever been convicted of any crime, including any ordinance violation resulting in fines of \$100 or more?  
 Yes  No If yes, explain fully \_\_\_\_\_

14. Can you perform with or without accommodations, all the duties of the position you seek?

Yes  No  with accommodations  without accommodations

If accommodation is needed, briefly describe what is needed \_\_\_\_\_

15. Have you ever been dismissed or asked to resign from any position?  Yes  No

If yes, please explain fully

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16. What is your current annual salary? \$ \_\_\_\_\_

17. EDUCATION AND PROFESSIONAL TRAINING: List high school attended, then higher institutions in chronological order.

Name of Institution	From Mo.-Yr.	To Mo. – Yr.	Graduated Mo.-Yr.	Degree	Major	Credits	Minor	Credits

18. WISCONSIN TEACHING LICENSE (If applicable): Do you hold a Wisconsin teaching license or certificate?

Yes  No

Type of license (be specific) \_\_\_\_\_ Expiration date \_\_\_\_\_

TYPE	ISSUED	EXPIRED	RECORDED

19. PROFESSIONAL REFERENCES: Name and address of placement office or agency

Name of school or agency	Address	Zip Code
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List references that may provide information about your training and experience.

Name	Position	Address	Telephone

20. TEACHING EXPERIENCE (If applicable): List only full-time teaching experience. Do not list part-time or student teaching experience.

From Mo.-Yr.	To Mo.-Yr.	School	Address/Zip	Telephone	Grade/Subject	Reason for Leaving

21. NON-TEACHING WORK EXPERIENCE:

From Mo.-Yr.	To Mo.-Yr.	Organization	Address/Zip	Telephone	Reason for Leaving

22. MILITARY SERVICE:

Branch of Service	No. of Months	From: Mo.-Yr.	To: Mo.-Yr.	Type of Discharge	Highest Rank

In longhand or print, explain why you are applying for a position with the School District of Phillips. Include in your explanation how your experience, education, or extracurricular contributions have qualified you for this position.

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I authorize the School Board and designees of the School District of Phillips to make any inquiry of, or receive information from any person or organization regarding my suitability for employment and/or to verify any information you have provided; and do hereby give permission to these persons or organizations to provide such information. Such inquiries may include and not be limited by enumeration to the quality and quantity of my work, work history and record, character, qualifications, records or convictions and medical records. For, and in consideration of the release of such information, I hereby forever waive, release, and covenant not to sue any person or organization including the School District of Phillips, its agents and employees for the result of providing, obtaining, or acting upon such information. I give this waiver, release, and covenant not to sue for myself, my heirs, assigns, and successors in interest forever. I give this waiver, release, and covenant not to sue understanding that the information obtained may be such as to disqualify me for employment. I certify that all statements made on this application are true and complete, accurate, and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentation may subject me to disqualification or dismissal. A copy of this authorization shall be effective as the original.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The School District of Phillips is an equal opportunity employer and adheres to Title IX regulations and Section 504 of the Vocational Rehabilitation Act of 1973.

Note: All correspondence or telephone calls concerning applications or positions should be directed to Superintendent, School District of Phillips, 365 Highway 100, PO Box 70, Phillips, WI 54555. Phone: 715-339-2419 Fax: 715-339-2416.  
(Do not write below this line)

DATE	INTERVIEWED	Allowed _____ years of creditable service
		For _____years of experience.
		Employed for _____
		Date _____