## SCHOOL DISTRICT OF PHILLIPS

Return to:

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

	AF	PPLICATION	FOR EMPLOYM	ENT	
PERSONAL INFORMATION					Please type or Print
1. Position(s) applied for: Appointed Teacher Food Service	_ Substitute Te _ Custodial	eacher	_ Administration _ Transportation/		Clerical Paraprofessional Aide
2. Name					
Last		First	Mie	ddle	Former Name
3.Present Address	Street	City	State	Zip	Telephone w/Area Code
4.Permanent Address	Street	City	State	Zip	Telephone w/Area Code
Date of Birth	Cell phone	number		Email	
5. Social Security Number			_ Have you lived	outside Wiscons	in? Yes No
Former District Employee	_YesN	o If yes, da	tes employed	Pos	ition
Reason for leaving					
<ul><li>6. Ethnicity: Hispanic No</li><li>7. Are you a graduate of an ac</li></ul>	-			-	
8. Date of availability	Ar	re you under	contract?Yes	No If yes, e	expiration date
9. Have you filed an applicatio	n with the Scho	ol District of	Phillips previously	?	Yes No
10. If yes, when was the previou	us application fi	led?	Under wha	at name?	
11. Have you worked for a Wis	consin Retirem	ent System (	WRS) participating	g employer prior	to July 1, 2011?
☐ Yes ☐ No If yes, ente	er the name of	the most rece	ent prior WRS-par	ticipating employ	er:
Enter the date(s) that you r	nost recently w	orked for WF	S-participating en	nployer:	
12. If applicable, indicate the gr placing a #1, #2, or #3 in front grades, subjects, or special ar Elementary (Gra 1 2 3	of Elementary, eas for which y ade K-5)	, Middle, or H ou are apply Middle (	igh. List in prefere ing.	ence order, under Hig 1 2	
1					

 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?YesNowith accommodationswithout accommodations
	If accommodation is needed, briefly describe what is needed
15.	Have you ever been dismissed or asked to resign from any position? YesNo
	If yes, please explain fully

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 MoYr.	To Mo. – Yr.	Graduated MoYr.	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
		•

List references that may provide information about your training and experience.

Position	Address	Telephone
	Position	Position     Address       Image: Second seco

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

From MoYr.	To MoYr.	School	Address/Zip	Telephone	Grade/ Subject	Reason for Leaving

### 21. NON-TEACHING WORK EXPERIENCE:

eaving

### 22. MILITARY SERVICE:

Branch of Service	No. of Months	From: MoYr.	To: MoYr.	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.


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 any 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
		Foryears of experience.
		Employed for
		Date

Rev. 04/08/2019