

KIEL AREA SCHOOL DISTRICT
Kiel, Wisconsin

APPLICATION FOR CLASSIFIED POSITION
Position applied for: _____

Please fill out completely and accurately and return to Dr. Brad Ebert, District Administrator,
Kiel Area School District, 416 Paine Street, Kiel, Wisconsin 53042-0201.

Full Name _____ Date _____

Address _____

Telephone Number _____ Social Security Number _____

Birth Place _____

Can you furnish a physician's certificate of good health? _____

Present Salary _____ Salary range you would consider _____

Present Position _____ City _____

Are you under contract? _____

If under contract, when can you be released? _____

EDUCATIONAL OR TECHNICAL TRAINING (List high school or post-graduate schools
attended in chronological order - last one listed first)

Institution	Year From	Year To	Degree	Program

MILITARY SERVICE (Refers to active duty - branch, dates, nature of assignment)

REFERENCES (Please list 3 references)

Name and Position	Complete Address	Telephone Number
<hr/>	Street or Route	<hr/>
<hr/>	City	State Zip
Name and Position	Complete Address	Telephone Number
<hr/>	Street or Route	<hr/>
<hr/>	City	State Zip
Name and Position	Complete Address	Telephone Number
<hr/>	Street or Route	<hr/>
<hr/>	City	State Zip

My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. If employed by this school district, I understand that any misrepresentation of factual information contained herein may be cause for dismissal.

Signature _____ Date _____

Have you ever been arrested, charged or convicted of a crime, the circumstances of which substantially relate to the circumstances of the position for which you are applying? Yes _____
No _____ If yes, please explain: _____

Applicant Agreement:

I certify that the answers contained in this application are true and complete to the best of my knowledge. I authorize the Kiel Area School District to act as my agent in obtaining information from any person or company concerning myself, without liability to such person or company, or to the Kiel Area School District. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that this application is not intended to be a contract of employment.

Signature of Applicant

Date

Please be advised that the Kiel Area School District will request a background check on all applicants through the Wisconsin Crime Information Bureau and will review the background check before a person is selected for a position. Through your signature on this application, you consent to having the School District conduct a background check. Please be further advised that information regarding your date of birth, social security number, middle initial, sex, race and maiden name is required solely for the purpose of confirming your identity for the Crime Information Bureau. The Kiel Area School District does not discriminate on the basis of age, sex, or race in the course of hiring applicants or in any other aspect of employment. Your social security number will not be used for any purpose other than identification and will be considered confidential. Please state:

Date of Birth _____ Sex _____ Race _____ Middle Initial _____

Maiden Name _____ Social Security Number _____

Signature

Date