

KIEL AREA SCHOOL DISTRICT  
Kiel, Wisconsin

APPLICATION FOR SUPPORT STAFF POSITION

Position Applying For: (Check all that apply)	<u>Type of Work</u>	<u>Type of Position</u>
	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Permanent Position
	<input type="checkbox"/> Custodial	<input type="checkbox"/> Part-Time Position
	<input type="checkbox"/> Food Service	<input type="checkbox"/> Temporary Position
	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Substitute Position
	<input type="checkbox"/> Other (Specify) _____	

Please fill out completely and accurately and return to Dr. Louise Blankenheim, District Administrator, Kiel Area School District, P.O. Box 201, Kiel, Wisconsin 53042.

Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever been interviewed for a position with us?  Yes  No

If yes, month and year \_\_\_\_\_ Interviewed for what position \_\_\_\_\_

Present Salary \_\_\_\_\_ Salary range you would consider \_\_\_\_\_

Present Position \_\_\_\_\_ City \_\_\_\_\_

Are you under contract? \_\_\_\_\_ If under contract, when can you be released? \_\_\_\_\_

List any special trainings/skills (ex. languages, technology, experience with children, music, secretarial skills, mechanical, etc.)

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### WORK EXPERIENCE

List all employers with current or most recent employment first. Leave no time unaccounted for.

<b>Company Name and Address</b>	<b>Supervisor Name and Phone Number (primary and cell)</b>	<b>Type of Work</b>	<b>Dates Employed</b>	<b>Reason for Leaving</b>

### EDUCATION

<b>School</b>	<b>Name and Location of School</b>	<b>Major/Minor</b>	<b>Total GPA</b>	<b>Degrees/Diploma</b>

### REFERENCES

<b>Name</b>	<b>Address</b>	<b>Vocation/Title</b>	<b>Phone Number (primary and cell)</b>

*The Kiel Area School District is an equal opportunity employer and does not discriminate against applicants on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap.*



Please list previous addresses you have lived at during the past five years:\_\_\_\_\_

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Have you ever been convicted of any misdemeanor or felony, or convicted of violating any other law including ordinances and traffic regulations? Yes\_\_\_\_ No \_\_\_\_ If yes, please explain below and if necessary attach a separate sheet listing any and all violations and the investigating agency:\_\_\_\_\_

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Are there any charges of any kind pending against you? Yes\_\_\_\_ No \_\_\_\_ If yes, please explain below and if necessary attach a separate sheet listing any and all violations and the investigating agency:\_\_\_\_\_

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Applicant Agreement – Authorization to release information:

I certify that the answers contained in this application are true and complete to the best of my knowledge. My signature on this form authorizes 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.

I also understand that the Kiel Area School District will complete a background check on all applicants including a criminal records check through the Wisconsin Crime Information Bureau and that the school district will review the background check results before I am selected for a position. My signature on this form indicates that I consent to the School District conducting a background check. I am also aware that information regarding my date of birth, social security number, middle initial, sex, race and maiden name is required solely for the purpose of confirming my identity for the background check and the WI Crime Information Bureau. My social security number will not be used for any purpose other than identification and will be considered confidential.

Date of Birth\_\_\_\_\_ Sex\_\_\_\_\_ Race\_\_\_\_\_ Middle Name\_\_\_\_\_

Maiden Name\_\_\_\_\_ Social Security

Number\_\_\_\_\_

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Signature of Applicant

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Date