



Wittenberg-Birnamwood School District

400 West Grand Ave. Wittenberg, WI 54499

"Striving
for
Excellence"

Please complete (type or print) and return to the District Office.

Name: _____ Soc Sec. #: _____

Address: _____ Home Phone: _____
Address

_____ Work Phone: _____
City State Zip

Position Applying For: Custodial Clerical/Aide Food Service Transportation Other Part Time Full Time

Have you worked for the Wittenberg-Birnamwood School District before? _____
 If yes, when and in what capacity? _____

Have you ever been found guilty of or do you presently have pending any violations of law other than minor traffic violations?
 (In accordance with State law pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.)

Yes No If yes, please explain _____

Education

School	Name & Address of School	NO. of Years Completed	Did you graduate?	Degree/Emphasis
High School				
College or University				
Other				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, which you feel is relevant to the job for which you are applying. Also include relevant licenses or certificates. (Be Specific)

Employment History (Begin with most recent)

Name of Employer	Address	Position Held	Time Employed	
			From	To
Supervisor Name/Title	Reason for Leaving			

Name of Employer	Address	Position Held	Time Employed	
			From	To
Supervisor Name/Title	Reason for Leaving			

Name of Employer	Address	Position Held	Time Employed	
			From	To
Supervisor Name/Title	Reason for Leaving			

Name of Employer	Address	Position Held	Time Employed	
			From	To
Supervisor Name/Title	Reason for Leaving			

References

Name	Address	Occupation	Telephone Number
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Name	Address	Occupation	Telephone Number
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I hereby declare all the foregoing statements to be true and correct, and authorize you to consult previous employers. In the event I am employed, I understand that any misrepresentation made by me in filling out this form shall be considered as sufficient cause for my dismissal.

Signature

Date

NONDISCRIMINATION POLICY The Wittenberg-Biramwood School District does not discriminate in the employment of professional staff on the basis of the Protected Classes of race, color, national origin, age, sex, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, or military service. The following person has been designated to handle inquiries regarding the non-discrimination policies: Brenda Jozwiak-Boldig, Pupil Services Director, 400 West Grand Ave, Wittenberg WI 54499, 715-253-2213 ext. 1108, bjozwiak@wittbirn.k12.wi.us. For further information on notice of non-discrimination, visit <http://wdcrobcoip01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

WITTENBERG-BIRNAMWOOD PUBLIC SCHOOL DISTRICT

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If you should be offered a position by the Wittenberg-Birnamwood Public School District, the District will conduct a crime information records check on you through the Wisconsin Department of Justice and a general background check.

Have you ever been found guilty of, or do you presently have any violations of law, including ordinance violations other than minor traffic violations? *(In accordance with state law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.)*

_____ Yes _____ No If yes, explain _____

Signature

Date

WITTENBERG-BIRNAMWOOD PUBLIC SCHOOL DISTRICT

400 West Grand Avenue, Wittenberg, WI 54499

I authorize the WITTENBERG-BIRNAMWOOD PUBLIC SCHOOL DISTRICT to make any investigation of my personal or employment history, and authorize any former employer, person, firm, and corporation or government agency to give the Wittenberg-Birnamwood Public School District any information they may have regarding me. In consideration of the Wittenberg-Birnamwood Public School District's review of this application, I release the Wittenberg-Birnamwood Public School District and all providers of information from any liability as a result of furnishing and receiving such information.

Name- Please Print Neatly (include middle name)

Maiden Name

Signature

Date

Date of Birth

Social Security # (Required)

Checked by: (initials) _____ Date: _____

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