



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

APPLICATION FOR EMPLOYMENT SUPPORT STAFF

(R. 1/2021)

Position Applying for: Aide Aide-Special Education Bus Driver Clerical Custodial Food Service Other

Specific Position Title: _____

Available: Full Time Part Time: Specify hrs/days: _____ Summer: Beginning/End dates: _____

Applicant Information: Only complete applications will be considered.

Last Name: _____ First Name: _____ Middle Name: _____ Maiden Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Primary #: _____ Cell #: _____ Email Address: _____

Yes No Have you ever been convicted of any violations of law other than minor traffic violations?

If yes, explain: _____

If there are extenuating circumstances, of which we should be aware, please explain on an attached sheet. 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.

Educational Background: Educational preparation (include high school, college and any special training).

Institution Name: _____ Type of School: _____ Graduated

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Occupational Experience: Start with most recent/current employer and include military service.

	Date From:	Date To:	Employer	City, State	Work Type
1					
2					
3					
4					
5					

Briefly explain your reason(s) for leaving each position above:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Employment References: Applicants must include last employment references.

1-Company Name: _____ Address: _____

Supervisor's Name: _____ Title: _____ Phone #: _____

2-Company Name: _____ Address: _____

Supervisor's Name: _____ Title: _____ Phone #: _____

Continue on Reverse Side

What salary/wage do you expect to receive?: _____

Do you hold a special license or certificate of any kind (plumber, electrician, etc)? Yes No List: _____

Explain any additional experiences, talents or skills that you possess which would be applicable to the position for which you are applying.

If applying for a bus driver position, complete this section:

Do you currently hold a valid WI driver's license? Yes No DL #: _____ Expiration: _____

Do you currently hold a bus driver's license? Yes No DL #: _____ Expiration: _____

Have you ever received a traffic ticket? Yes No If yes, explain: _____

Has your driver's license even been suspended/revoked? Yes No If yes, explain: _____

My signature below authorizes the East Troy Community School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school and the reference source from any liability in connection with its release or use. This release includes the sources cited above the specific examples as follows: the local police, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin or other State Departments of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Further more, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school.

Your signature affirms that all of the information on this application is true to the best of your knowledge. Any false statements may lead to dismissal.

Signature: _____ Date: _____

**Return this completed application and a Consent to Perform Investigative Consumer Report in Compliance with the FCRA (Fair Credit Reporting Act) form to:
East Troy Community School District, 2040 Beulah Avenue, East Troy, WI 53120**

Nondiscrimination: The East Troy Community School District complies with the provisions of Title IX, Section 504 of the Rehabilitation Act and the WI Fair Employment Act; and will not discriminate on the basis of age, religion, color, sex, handicap, race, national origin, marital status, arrest and conviction record in the educational programs or activities it operates. This policy of non-discrimination in education programs and activities extends to employment therein. Inquiries or complaints of discrimination should be directed to: Kathy Zwirgzdas, Administrator of Business Services.

For Office Use Only

Start Date: _____ Account #: _____ Wage: _____

Position: _____ Benefits: _____



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CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name: _____ First Name: _____ Middle Name: _____ Maiden: _____

Street Address: _____ Apt/Lot #: _____ City: _____ St: _____ Zip: _____

List any other name(s) used in all other records of birth or records of residence: _____

Birth Date: _____ Gender: M F Social Security #: _____ Ethnicity: Hispanic/Latino

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

*As shown on the original application

**To be used for criminal history checks only and not a part of the personnel file

List all counties and states of residence since high school graduation or age 18.

City: _____ St: _____ County: _____ City: _____ St: _____ County: _____

City: _____ St: _____ County: _____ City: _____ St: _____ County: _____

City: _____ St: _____ County: _____ City: _____ St: _____ County: _____

Complete the following questions regarding criminal history. If you answer yes to any of the questions, provide details in the space provided.

Yes No Have you ever been convicted or plead guilty before a court for any federal, state or municipal offense? (exclude minor traffic violations)

State: _____ County: _____ Offense Date: _____ Details: _____

State: _____ County: _____ Offense Date: _____ Details: _____

Yes No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

State: _____ County: _____ Offense Date: _____ Details: _____

State: _____ County: _____ Offense Date: _____ Details: _____

Yes No Have you ever received probation or community supervision for any federal, state or municipal offense?

State: _____ County: _____ Offense Date: _____ Details: _____

State: _____ County: _____ Offense Date: _____ Details: _____

Yes No Have you ever been convicted of any criminal offense in a county outside the jurisdiction of the United States?

Country: _____ City: _____ Offense Date: _____ Details: _____

Country: _____ City: _____ Offense Date: _____ Details: _____

Yes No As of the date of this consent form, do you have any pending charges against you?

State: _____ County: _____ Arrest Date: _____ Details: _____

State: _____ County: _____ Arrest Date: _____ Details: _____

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

I hereby certify that all information provided in this consent form is true, correct and complete. If any information proves to be incorrect or incomplete, I understand that grounds for canceling of any and all offers of employment will exist and may be used at the discretion of the employer.

Printed Name: _____ Signature: _____ Date: _____

For Office Use Only Completed on: _____