

MONTELLO SCHOOL DISTRICT

222 Forest Lane, Montello, WI 53949

608-297-7617 / Fax 608-297-7726

website: www.montello.k12.wi.us

SUPPORT STAFF APPLICATION FORM

SECTION A – Applicant Information					
POSITION APPLIED FOR:			FORWARD APPLICATION TO THE ATTENTION OF:		
NAME OF APPLICANT: _____			ADDRESS: _____		
Last, First, MI			Street/PO Box		
PHONE: _____ Home _____ Work			City		State Zip
SECTION B – Education Information					
HIGH SCHOOL:	LOCATION:	GRADUATED: _____ YES _____ NO		YEAR GRADUATED:	
COLLEGE:	LOCATION:	GRADUATED: _____ YES _____ NO		YEAR GRADUATED:	
SECTION C – Work Experience (List most recent first)					
1. PLACE OF EMPLOYMENT:	FROM:	TO:	ADDRESS:	SUPERVISOR:	POSITION:
JOB RESPONSIBILITIES: _____ _____ _____					
2. PLACE OF EMPLOYMENT:	FROM:	TO:	ADDRESS:	SUPERVISOR:	POSITION:
JOB RESPONSIBILITIES: _____ _____ _____					
3. PLACE OF EMPLOYMENT:	FROM:	TO:	ADDRESS:	SUPERVISOR:	POSITION:
JOB RESPONSIBILITIES: _____ _____ _____					

SECTION D – Personal References

NAME:	POSITION:	ADDRESS:	HOME PHONE:	BUSINESS PHONE:
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- 1.
- 2.
- 3.

SECTION E – Job Related References

NAME:	POSITION:	ADDRESS:	HOME PHONE:	BUSINESS PHONE:
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- 1.
- 2.
- 3.
- 4.
- 5.

SECTION F – Personal Information

LIST HOBBIES/INTERESTS:

LIST EXTRA CURRICULAR ACTIVITIES IN WHICH YOU HAVE INTEREST, EXPERIENCE, AND ARE WILLING TO SUPERVISE:

LIST ANY RESTRICTIONS OR CONDITIONS OF YOUR AVAILABILITY FOR EMPLOYMENT NOT PREVIOUSLY DISCUSSED:

GIVE ANY ADDITIONAL INFORMATION WHICH MAY REFLECT UPON YOUR CANDIDACY:

WHY ARE YOU APPLYING FOR THIS POSITION? (You may use additional paper if necessary)

PLEASE OUTLINE BRIEFLY THE BACKGROUND AND EXPERIENCE YOU HAVE THAT WILL QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING. YOU MAY USE ADDITIONAL PAPER IF NECESSARY.

Because of the nature of this position, applicants with conviction records who are invited to an employment interview will be asked to discuss this information. (A conviction record will not be used as criteria in making an employment decision unless the circumstance of the offense substantially relates to the circumstance of this position.)

CERTIFICATION STATEMENT

PLEASE READ, SIGN, AND DATE THE FOLLOWING STATEMENT:

I certify that I have fully read this application form and that all answers to questions in this application are true and complete to the best of my knowledge and I agree that my misstatements or omissions of material fact may disqualify me for this position.

Signature of Applicant

Date

PERMISSION FOR BACKGROUND AND REFERENCE CHECK

May we conduct a personal background check, including contact of your references named in this application, as well as present and previous employers, including records of municipal, state, and federal law enforcement agencies, selective service system, and review other records related to this position? Additionally a negative drug screen is required prior to any offer of employment.

_____ Yes _____ No If no, please explain _____

If yes, please provide your date of birth _____ and Social Security Number _____

Alias/Maiden Name _____

Signature of Applicant

Date

USDA Nondiscrimination Statement Update

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.