



SCHOOL DISTRICT OF WEST DE PERE

SUMMER WORKER APPLICATION

400 Reid St Suite W
De Pere WI 54115
(920) 337-1393
FAX: (920) 337-1398

PERSONAL DATA

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____ () _____
Street City State/Zip Phone

PERMANENT ADDRESS _____ () _____
Street City State/Zip Phone

SOCIAL SECURITY NUMBER _____ Date of Application _____

POSITION FOR WHICH YOU ARE APPLYING _____

Date available for employment in this school district _____

Have you worked for the West De Pere School District before? _____

If yes, when and in what capacity? _____

Have you previously filed an application with this school district? _____

If so, on what date? _____

DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY

Category/Classification

- ___ HS Student Grade _____
- ___ College (1st summer)
- ___ College (2nd or more summers)
- ___ Summer School Aide
- ___ Summer School teacher
- ___ Other _____

Building Assignment

Days per week _____
Hours per day _____

- ___ 12 month
- ___ 10 month
- ___ 9 month
- ___ Other

Check
One
←

Starting Wage ()

Allowed ___ years of
previous experience.

Effective Date _____

Replaces _____

Interviewed by

Date of Interview

EDUCATION AND TRAINING

Please circle the highest grade or year completed in school

8 9 10 11 12 13 14+ Do you have a GED (High School Equivalency Diploma) _____

HIGH SCHOOL _____ LOCATION _____

COLLEGE OR UNIVERSITY EDUCATION (Most Recent First)

Name and Location of School	Date Attended	Degree	Grade Pt		Major(s)	Minor(s)
			Ave	Scale		

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

College: _____

High School: _____

EXPERIENCE

WORK EXPERIENCE (List Most Recent First)

Dates (Mo./Yr.) From To	Name of Business	Location City/State	Work Performed	Reason for Leaving

REFERENCE: _____

Name Title ()Telephone

REFERENCE: _____

Name Title ()Telephone

REFERENCE: _____

Name Title ()Telephone

In order to provide a safe environment for our students, we reserve the right to check references and review relevant public documents regarding criminal activity of any employee, prospective employee, or volunteer who may have contact with our students. For this reason, please provide information as requested below:

Name _____
Last First Middle Maiden Name(s) / Former Name(s)

Current Address _____
Street City State Zip Code

List ALL former addresses, including those outside of Wisconsin, since the age of 18:

Street	City	State	Zip Code	Street	City	State	Zip Code
Street	City	State	Zip Code	Street	City	State	Zip Code
Street	City	State	Zip Code	Street	City	State	Zip Code

Date of Birth _____ Gender _____ Social Security Number _____

Driver's License Number _____ Phone Number _____

List state(s) of former residency outside of Wisconsin (since the age of 18) _____

I acknowledge the pending arrests or charges, and all past convictions and charges listed below: (date, location, and offense) Please note: Pending charges or past convictions are not an automatic bar to employment but will be considered to the extent they bear a substantial relationship to the position. **If you fail to list all charges and arrests you risk denial of volunteering and/or of the position you are applying for at West De Pere Schools.** Use the back of the form if more room is needed.

I authorize the School District of West De Pere, in De Pere, Wisconsin, to make any inquiry of or receive any information from any person or organization regarding my suitability for employment, and do hereby expressly give permission to these persons or organizations to provide such information. Such inquiries may include, but are not limited to, the verification of any information set forth in this application, the quality and quantity of my work, my work history and medical records, and my character, qualifications, and background. In consideration for the cooperation extended to the School District of West De Pere by release of such information, I forever waive, release, and covenant not to sue any person or organization, including the School District of West De Pere and its agents and employees, for providing, obtaining, verifying, or otherwise acting upon such information. I give this waiver, release, and covenant not to sue for myself, my heirs, assigns and successors in interest forever. I do so understanding that the information obtained may be such as to disqualify me for employment, result in rejection of my application, or my dismissal from employment. I understand that such information is sought with confidentiality, and I will not request copies thereof. I certify that all information provided herein is accurate to the best of my knowledge, information and belief, and I acknowledge that any false statements, incomplete statements, or misrepresentations may subject me to disqualification, rejection, or dismissal at any time. A copy of this authorization shall be as effective as the original for the purposes stated above. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause, subject to the terms of an applicable contract, if any. I understand that I may be required to undergo drug testing either pre-employment or as a condition of an offer of employment. I further understand that any offer of employment may also be conditioned upon the results of a physical examination. I HAVE READ AND UNDERSTAND THE FOREGOING CERTIFICATION, AND SIGN BELOW VOLUNTARILY AND WITH KNOWLEDGE OF ITS CONTENTS.

Signature _____ Date _____
This form is maintained separate from the application and is used only for background check. The School District of West De Pere is an equal opportunity employer and adheres to Title IX regulations and section 504 of the Vocational Rehabilitation Act of 1972.
[3/11]