

SCHOOL DISTRICT OF WEST DE PERE

SUPPORT STAFF APPLICATION

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

PERSONAL DATA

NAME			
NAME(Last)	(First)		(Middle)
PRESENT ADDRESS		State/Zip	() Phone
PERMANENT ADDRESS	2	1	
Street	City	State/Zip	Phone
SOCIAL SECURITY NUMBER		Date of Application	
POSITION FOR WHICH YOU ARE APP	LYING		
Current wage/salary	Wage/salary range	e desired	
Date available for employment in this school	ol district		
Have you worked for the West De Pere Sch	nool District before	?	
If yes, when and in what capacity?			
Have you previously filed an application w	ith this school distr	ict?	

If so, on what date? _____

DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY			
Category/Classification Adm. Asst. Secretary Aide Food Service Food Service Sub Maintenance Housekeeping HS Student College (1 st summer) College (2 nd or more summers) Summer School teacher Other	Building Assignment	Effective Date Replaces Interviewed by Date of Interview	