

SHOREWOOD RECREATION AND COMMUNITY SERVICES

SHOREWOOD SCHOOL DISTRICT

1701 EAST CAPITOL DRIVE SHOREWOOD, WI 53211

Telephone: (414) 963-6913 x4 Fax: (414) 961-3175

APPLICATION FOR EMPLOYMENT

DATE _____

Name: _____
(First) (Middle) (Last)

Present Address _____
(Street) (City) (State) (Zip)

Permanent Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Alternate Phone _____

E-Mail Address: _____

Are you 18 years or older? YES _____ NO _____

EMPLOYMENT DESIRED

Position Desired _____ Date Available _____

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE OF GRADUATION	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

FORMER EMPLOYERS (Start with most recent employment first)

DATES EMPLOYED	NAME/ADDRESS OF EMPLOYER	RATE OF PAY	POSITION	PHONE NUMBER

REFERENCES

List below the names of persons not related to you, whom you have known at least one year.

NAME	TELEPHONE NUMBER	OCCUPATION	YEARS ACQUAINTED

SPECIFIC TRAINING/QUALIFICATIONS/EXPERIENCES/ CERTIFICATIONS

TRAINING AND EXPERIENCE: PLACE A "X" BEFORE ANY ACTIVITIES WHICH YOU ARE PREPARED TO TEACH OR LEAD GROUPS.

Art

- Clay
- Drawing
- Crafts
- Other

Aquatics

- Water Aerobics
- Diving
- Water games
- Life Guarding
- W.S.I.

Dance

- Ballet
- Jazz
- Ballroom
- Swing
- Tap
- Other

Music

- Band
- Jazz
- Chorus
- Orchestra

Theater/Drama

Foreign Language

_____ (List)

Officiating

- Basketball
- Softball
- Flag Football
- Volleyball

Recreation

- Playgrounds

Computers

Other (please list) _____

Sports/Physical Activities

- Aerobics
- Martial Arts
- Archery
- Soccer
- Badminton
- Softball
- Baseball
- Tennis
- Basketball
- Track & Field
- Football
- Volleyball
- Floor Hockey
- Weight Training
- Golf
- Yoga
- Gymnastics

Pre-School

- Art
- Movement
- Music
- Other

Please read the following statement and sign below.

The Shorewood School District complies with all applicable laws and regulations governing discrimination against handicapped individuals.

The Shorewood School District is an equal opportunity employer. It is the policy of the Shorewood School District that no person shall, on the basis of race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, or emotional learning disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

I certify that the facts set forth in this application are true, correct, and complete without misrepresentation or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

Signature of Applicant

Date

For Administrative Use Only

Interviewed by: _____ Date: _____

Position: _____ Hourly Rate: _____ Start Date: _____

RELEASE OF INFORMATION FORM

Shorewood Recreation and Community Services
Shorewood School District
1701 E. Capitol Drive Shorewood, WI 53211
414-963-6913 414-961-3175(Fax)

Disclosure Statement

The responsibility the Shorewood School District has to its school children and community necessitates gathering the following information from all applicants. Your responses will not prohibit employment; however failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for dismissal if employed. Applicants must report any changes in information that occur subsequent to the time they initially completed this form.

NAME	
Other Names Used	Dates of Other Names Usage
Social Security Number	Date of Birth

GENERAL INFORMATION

1. Date available for employment: _____
2. Have you ever been dismissed or asked to resign from any position? YES NO
If yes, please explain in full and include the state in which this happened. _____
3. Are you legally authorized to work in the United States? YES NO
4. Have you ever been found guilty of any crime, or pleaded guilty or no contest to any crime, including any ordinance violation? Or do you currently have any pending violation of law?
(Exclude traffic violations resulting in fines of less than \$100). YES NO
If yes, please explain fully and include the state in which this happened.

(OVER)

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Shorewood School District
1701 E. Capitol Drive Shorewood, WI 53211
414-963-6913 414-961-3175(Fax)

Read and Sign

My signature below authorizes the 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, medical records and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local police chief or sheriff, 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 Department 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.

Furthermore, 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, falsely 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 district.

Applicant's Signature _____

Date _____