

SCHOOL DISTRICT OF MONTICELLO

APPLICATION FOR SUPPORT / CLASSIFIED STAFF

Direct application, materials and inquires to the address below.

School District of Monticello
Att: District Administrator
334 S. Main Street
Monticello, WI 53570
Phone: 608-938-4194 FAX: 608-938-1062

The School district of Monticello does not discriminate in their hiring practice based on a person's age, race, creed, color, mental disability, physical disability, emotional disability, marital status, sex, national origin, ancestry, arrest record, conviction record, membership in the National Guard, State Defense Force or any reserve component of the military forces of the United States or this state or use or nonuse of lawful products off the employer's premise during non-work hours. Applicants needing accommodations for participation in the application/interview process should direct their requests to the district administrator.

PERSONAL INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

CERTIFICATION:

Check One:

_____ If applicable, I hold a license issued by the appropriate board for the position I am seeking.

_____ If applicable, I have conferred with the appropriate board and believe that I will qualify for the position I am seeking should I be selected for the position.

EMPLOYMENT RECORD:

Are you presently working for another employer? _____

Why are you seeking to leave the position? _____

A. Present Employment:

Position _____

Employed By _____ Bus. Phone: _____

Business Address: _____

Major Roles and Responsibilities _____

Direct Supervisor _____

Employment Dates _____ to _____

B. Previous Employment (Most recent first, excluding present position)

Position _____

Employed By _____ Bus. Phone: _____

Business Address: _____

Major Roles and Responsibilities _____

Direct Supervisor _____

Employment Dates _____ to _____

Reason for Leaving _____

Position _____

Employed By _____ Bus. Phone: _____

Business Address: _____

Major Roles and Responsibilities _____

Direct Supervisor _____

Employment Dates _____ to _____

Reason for Leaving _____

PERSONAL ATTRIBUTES THAT MAKE ME THE BEST CANDIDATE FOR THE POSITION:

RELATED INFORMATION:

A. Have you ever been dismissed by an employer?
_____ Yes _____ No If "yes", please state when and where:

B. If applicable, have you ever been disciplined or had your license suspended or revoked by a licensing agency or board? _____ Yes _____ No If "yes", please state when and where:

C. Have you ever been convicted of a crime? _____ Yes _____ No (Evidence of a criminal record does not constitute an automatic bar to employment and any record will be considered only as it may substantially relate to the position for which you are applying.) If "yes", please state when, where and what you were convicted of:

D. Do you wish that your application be treated as confidential to the extent allowed by Wisconsin law? _____ Yes _____ No

CERTIFICATION AND AUTHORIZATION

I certify that the information on and included with my application is accurate, true and complete to the best of my knowledge. I understand that any material mis-statement or omission may be grounds for rejection of my application or, if employed, my dismissal.

Signature: _____ Date: _____

I understand that the position applied for is one of public trust and I specifically authorize the board, or its agents, to contact references, to investigate my background, and to make such other inquiries as the board in its discretion deems relevant to assess my qualifications for the position. I authorize former employers or any references to disclose records and appraisals of my performance or information about my qualifications for the position and release them from any liability for such disclosure.

Signature: _____ Date: _____

The Monticello School District is an Equal Opportunity Employer