

THE SCHOOL DISTRICT OF THE TOMORROW RIVER
357 North Main Street
Amherst, WI 54406
Phone: 715/824-5521 x 1 Fax: 715/824-7177

APPLICATION FOR EMPLOYMENT – SUPPORT STAFF

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Alternative Phone _____

Position Desired _____

Educational Background _____

EXPERIENCE (You must complete. Do not write “see attached” or “see resume”.)

(Dates)		EMPLOYER	POSITION
FROM	TO		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES (You must complete. Do not write “see attached” or “see resume”.)

1. Name _____ Position _____ Phone _____
Mailing Address _____

2. Name _____ Position _____ Phone _____
Mailing Address _____

3. Name _____ Position _____ Phone _____
Mailing Address _____

4. Name _____ Position _____ Phone _____
Mailing Address _____

Have you ever been found guilty of, or do you presently have pending, any violations of law, including ordinance violations other than minor traffic violations? (In accordance with state law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.)

Yes No If yes, explain: _____

I authorize the School District of the Tomorrow River to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give The School District of the Tomorrow River any information or opinion regarding me, including without limitation, information concerning my performance, reputation, and character. I acknowledge that the information divulged may be negative or positive with respect to me. Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity and The School District of the Tomorrow River from any and all legal liability for furnishing such information and in making such statements.

Yes No

My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. If employed by this school district, I understand that any misrepresentation of factual information contained herein may be cause for dismissal.

A photocopy of this signed release shall have the same force and effect as the original release signed by me.

SIGNATURE: _____ DATE: _____