

RIPON AREA SCHOOL DISTRICT

P.O. Box 991

Ripon, WI 54971

Phone: 920-748-4600 ~ Fax: 920-748-2715 ~ www.ripon.k12.wi.us

APPLICATION FOR EMPLOYMENT

Summer School Teacher Position

Date of Application _____

Each item on this application is important. Read and complete carefully and accurately. **Please print or type.**

A complete transcript of all undergraduate and graduate college work, credentials and a current Wisconsin DPI license must be on file in the Administrative Services Center prior to employment. It is the responsibility of the applicant to supply this information prior to the closing date of the posted position.

GENERAL INFORMATION

Last Name		First Name		Middle Name	
Mailing Address		City		State	Zip Code
Time at this Address	Home Telephone		Work Telephone	Social Security Number	
Place of Birth (city, state)			Driver's License Number & Issuing State		
Position Applying For	Years of Experience	Available Start Date	Are You Under Contract? Yes____ No____	Expiration Date of Contract	

Check all that apply.

___Regular ___Substitute ___Full-time ___Part-time

Highest College Degree _____ Year Obtained _____ GPA _____

Major/Minor _____

Coaching/Advising Interest _____

Grade(s)/Subject(s) Applying For _____

Grade(s)/Subject(s) Taught _____

Teaching Certificate Code Numbers (if known) _____

The Ripon Area School District does not discriminate on the basis of religion, sex, race, national origin, age, ancestry, creed, color, political affiliation, National Guard membership, state defense force or any reserve component of the United States military or state military forces, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability or handicap or other basis prohibited under state or federal law. Any applicant who believes any of the questions in this application are discriminatory should so note and explain why they believe so.

Applicant's Name _____

GENERAL INFORMATION (continued)

Total Years of Professional Service in Education _____

A Copy of My Teaching Credentials Has Been Requested From _____
(College Placement Office or Agency)

Is this a Confidential Credential*? ___ Yes ___ No

Credentials May Be Listed Under This Name _____

THE DISTRICT WILL PROTECT THE CONFIDENTIALITY OF PERSONNEL RECORDS TO THE EXTENT PERMITTED BY LAW

Use numerals (i.e. 1,2,3, etc.) to indicate order of preference of levels in which you wish to teach.

___ Primary (K-2) ___ Upper Elementary (3-5) ___ Middle (6-8) ___ High (9-12)

Indicate, by preference, specific grade level (elementary), subject (secondary) or other area you wish to teach.

1. _____ 2. _____ 3. _____

WISCONSIN DPI LICENSE(S) and/or OTHER TEACHING CERTIFICATION(S)

Areas of Certification (Grade(s) and/or Subject(s))	State Issuing License	License Expiration MM/YY	Wisconsin DPI Code Number

STUDENT TEACHING OR PRACTICUM

Dates (MM/YY–MM/YY)	Grade(s) and/or Subject(s)	Name, Work Telephone and Work Address of District's Cooperating Teacher	College/University Name and Semester Hours Earned
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Applicant's Name _____

EDUCATION

Highest Level of Education Completed _____ HS _____ Associate Degree _____ BA _____ MS _____ PhD

High School _____
 Name _____ City _____ State _____

Number of Graduate Credits Beyond Last Degree Earned _____

POST SECONDARY EDUCATION

List **most recent school** first.

School Name, City and State	Dates Attended (MM/YY–MM/YY)	Degree	GPA/Scale	Major(s)	Minor(s)

List extracurricular activities in which you participated.

College _____

High School _____

PERSONAL REFERENCES

List four persons, not related to you, whom you have known at least one year. **DO NOT** duplicate employment references.

1	Name			Telephone
	Address			Describe Nature of Relationship
	City	State	Zip Code	

2	Name			Telephone
	Address			Describe Nature of Relationship
	City	State	Zip Code	

3	Name			Telephone
	Address			Describe Nature of Relationship
	City	State	Zip Code	

4	Name			Telephone
	Address			Describe Nature of Relationship
	City	State	Zip Code	

All references MAY BE contacted prior to an offer of employment.

Indicate, by number, references you **DO NOT** want us to contact during the interview/selection process.

Reference _____1 _____2 _____3 _____4 Reason _____

Applicant's Name _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment records. List additional relevant employment on separate sheet if necessary. List **present or most recent employer first.**

1	Name of Employer/District	__ Full-time __ Part-time	Dates Employed (MM/YY–MM/YY)	
		Hourly Rate _____	_____	
		Salary _____	Total Years _____	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position and Description of Work (i.e. Grade Level or Subject)		Reason For Leaving	

2	Name of Employer/District	__ Full-time __ Part-time	Dates Employed (MM/YY–MM/YY)	
		Hourly Rate _____	_____	
		Salary _____	Total Years _____	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position and Description of Work (i.e. Grade Level or Subject)		Reason For Leaving	

3	Name of Employer/District	__ Full-time __ Part-time	Dates Employed (MM/YY–MM/YY)	
		Hourly Rate _____	_____	
		Salary _____	Total Years _____	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position and Description of Work (i.e. Grade Level or Subject)		Reason For Leaving	

4	Name of Employer/District	__ Full-time __ Part-time	Dates Employed (MM/YY–MM/YY)	
		Hourly Rate _____	_____	
		Salary _____	Total Years _____	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position and Description of Work (i.e. Grade Level or Subject)		Reason For Leaving	

All employers WILL BE contacted prior to an offer of employment.

Indicate, by number, employers you **DO NOT** want us to contact during the interview/selection process.

Employer ___1 ___2 ___3 ___4 Reason _____

Applicant's Name _____

RESIDENTIAL HISTORY

Please provide the following information for all present and past residences for the previous ten years.
List additional relevant residences on a separate sheet if necessary. List **current or most recent residence** first.

1.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
2.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
3.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
4.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
5.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
6.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
7.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
8.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
9.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
10.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code

Applicant's Name _____

GENERAL QUESTIONS

Please check one per question.

1. Have you ever worked for the Ripon Area School District under a different name? ___Yes ___No
If yes, what name? _____
2. Have you previously filed an application under your present name or a different name? ___Yes ___No
If yes, when? _____
3. Are any of your relatives currently employed by the Ripon Area School District? ___Yes ___No
If yes, list name and position _____
4. Who, if anyone, suggested that you apply for a position with the Ripon Area School District?
Name _____
5. Please list any language, other than English, that you speak fluently.

6. Are you 18 years old or older? ___Yes ___No
7. Are you a citizen of the United States? ___Yes ___No
If not a citizen, indicate alien status and alien registration number
If naturalized, indicate certification number & date and place of naturalization

8. Do you currently hold a valid driver's license? ___Yes ___No
9. Are you able to perform the essential functions of the position for which you're applying either with or without reasonable accommodation? ___Yes ___No

For all "Yes" answers to questions 10-16, attach a detailed explanation, including all relevant documentation (e.g. letters, court documents, etc.).

CONVICTIONS WILL NOT NECESSARILY DISQUALIFY A CANDIDATE FROM EMPLOYMENT AND
WILL BE CONSIDERED ONLY AS THEY SUBSTANTIALLY RELATE TO THE POSITION APPLIED FOR.

10. Are you the subject of any pending charges for a misdemeanor or felony? ___Yes ___No
11. Have you ever been convicted of a misdemeanor or felony? ___Yes ___No
12. Have you ever been investigated by any agency for alleged immoral or illegal conduct or incompetence? ___Yes ___No
13. Have you ever resigned, been disciplined or dismissed from any position for immoral or unprofessional conduct or for unfitness for service? ___Yes ___No
14. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended? ___Yes ___No
15. Have you ever resigned, been suspended or discharged due to conduct, including harassment relating to the health, welfare, safety or education of any person? ___Yes ___No
16. Is your educationally related license under investigation or is disciplinary action pending in any other state? ___Yes ___No

The Ripon Area School District may conditionally offer employment subject to review of driving and criminal records, results of physical examination (including drug testing), credit history and/or verification of application and interview information provided by the candidate.

APPLICANT'S STATEMENT

By signing below, I certify that the answers given by me to the foregoing questions and/or statements including all attachments and submittals in support of this application are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the *Application for Employment*, or attachments or submittals, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that the Ripon Area School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me.

I, hereby, grant permission to the Ripon Area School District to investigate any of the information provided by me. I also authorize the companies, schools or persons named in this application to provide information, transcripts, records or documents requested regarding my work experience, educational background, conviction record, driving record, character or qualifications, personal or otherwise. I hereby release said companies, schools or persons from all liability for any damage that may result from furnishing this information to the Ripon Area School District. A copy of this signed release is as effective as the original.

I understand that after an offer of employment is extended to me, and prior to my beginning to work for the Ripon Area School District, I may be required to undergo a physical examination, which may include drug and/or alcohol tests. I, hereby, authorize the release of the results of such physical examination and drug and/or alcohol tests to the Ripon Area School District. I understand that I may be required to undergo future such examinations and tests and that my employment is contingent upon successful completion of such examinations and tests. I understand and release the Ripon Area School District from any and all liability with respect to such examinations and tests, and hold the Ripon Area School District harmless for any decision made by the Ripon Area School District in this respect.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the *Immigration Reform and Control Act of 1986*.

I agree to conform to the rules, regulations and policies of the Ripon Area School District. I fully understand and agree that filling out this *Application for Employment* does not obligate the Ripon Area School District to offer me a job, nor does it obligate me to accept a job. I understand that if I am offered a position that said employment does not become binding on the Ripon Area School District until the Board of Education has approved my employment, even if I have already started work.

I understand that the Ripon Area School District reserves the sole and exclusive rights and authority of management which includes the District's right to determine the number of hours per day or days per week during which operation shall be carried out; to select and determine the number and types of employees required for the total work force; to establish and change work schedules and assignments; to transfer, promote and demote employees or terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to establish standards of work performance; to make and enforce reasonable rules of the maintenance and protection of life and property; to suspend, discharge and otherwise discipline employees for just cause. Assignments to either grade level, building or position will be based on the needs of the District and may change from the initial assignment.

STATEMENTS OF QUALIFICATIONS, A RESUME OR ADDITIONAL INFORMATION WHICH REFLECT UPON YOUR CANDIDACY MAY BE ATTACHED IF NECESSARY.

This application includes (# of pages)_____ pages and may include other documents submitted by or for me in support of my candidacy.

Applicant's Signature

Date

RIPON AREA SCHOOL DISTRICT
Employment Background Check

The following information will be used only to complete the background check. This information will not be used for hiring purposes.

Please complete this form and it will be detached from your application.

Your name _____
Last First

Date of birth _____
Month Day Year

Maiden name (if applicable) _____

Other former name(s) _____

I certify that the above information is accurate and complete.

Signature

Date