



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 COACHING EMPLOYMENT

GENERAL INFORMATION			
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Cell Phone Number	Email Address		
Position Applying For	Years' of Experience	Available Start Date	

EDUCATION			
Highest Level of Education Completed: <input type="checkbox"/> HS <input type="checkbox"/> Associate Degree <input type="checkbox"/> BA <input type="checkbox"/> MS <input type="checkbox"/> PhD			
High School Name	City	State	
College Name	City	State	
College Name	City	State	

BACKGROUND INFORMATION		
Are any criminal charges or proceedings pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you ever been convicted of a violation of law, including a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you ever been investigated by any agency for alleged immoral or illegal conduct or incompetence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you ever resigned, been disciplined or dismissed from any position for immoral or unprofessional conduct or for unfitness for service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you ever resigned, been suspended or discharged due to conduct, including harassment, relating to the health, welfare, safety or education of any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain

PERSONAL REFERENCES				
1	Name			Telephone
	Address			Relationship
	City	State	Zip Code	
2	Name			Telephone
	Address			Relationship
	City	State	Zip Code	
3	Name			Telephone
	Address			Relationship
	City	State	Zip Code	
4	Name			Telephone
	Address			Relationship
	City	State	Zip Code	

SUPERVISING EXTRA CURRICULAR ACTIVITIES		
1	Position	Dates (MM/YY – MM/YY)
	Activity	
2	Position	Dates (MM/YY – MM/YY)
	Activity	
3	Position	Dates (MM/YY – MM/YY)
	Activity	

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

Applicant's Signature

Date

The Ripon Area School District Board does not discriminate on the basis of race; color; national origin; age; sex (including transgender status, change of sex, sexual orientation, or gender identity); pregnancy; creed or religion; genetic information; handicap or disability (in accordance with Policy 3123, AG 3123A, and AG 3123B); marital service; citizenship status; veteran status; military service (as defined in 111.32, Wis. Stats.); national origin; ancestry; arrest record; conviction record (in accordance with Policy 4121); use or non-use of lawful products off the District's premises during non-working hours); declining to attend an employer-sponsored meeting or to participate in any communication with the employer about religious matters or political matters; or any other characteristic protected by law in its employment practices.

BACKGROUND CHECK APPLICATION

Applications **MUST** have all information completed. Incomplete applications will be discarded.

Due to the nature of the information, please return this form to the district office. Background checks are valid for three years from the approval date. Applicants will receive notification through email once an administrator reviews the application.

Please indicate why you need a background check completed:

District Employment: Your Position: _____ Building: _____

Volunteer (Please check all that apply)

- | | | |
|--------------------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> BRAVE/STEP Program Volunteer | <input type="checkbox"/> Classroom Volunteer | <input type="checkbox"/> Coach Volunteer |
| <input type="checkbox"/> Hosting Volunteer | <input type="checkbox"/> College Student Volunteer | <input type="checkbox"/> Driving Students |
| <input type="checkbox"/> Summer Food Service Volunteer | <input type="checkbox"/> Other: _____ | |

PERSONAL INFORMATION				
Last Name	First Name	Middle Name		
Maiden Names/Other Names		Date of Birth	Social Security # (full # required to process)	
Phone Number		Email Address		
Have you ever pled guilty, or no contest, to or been convicted of an ordinance violation, misdemeanor, or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.		
Do you have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.		
CURRENT ADDRESS				
Years at Address	Current Address	City	State	Zip
PREVIOUS ADDRESSES				
Please list all of your residential history for the past ten years. If there is not enough room, continue on a separate sheet of paper.				
Years at Address	Previous Address	City	State	Zip
Years at Address	Previous Address	City	State	Zip
Years at Address	Previous Address	City	State	Zip

I certify that the answers to all the questions on this application are to the best of my knowledge and are accurate. I have not knowingly withheld any pertinent facts or circumstances.

Signature

Date