



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

GENERAL INFORMATION			
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Cell Phone Number	Email Address		
Position Applying for	Available Start Date		
Have you ever worked for the Ripon Area School District under a different name? If yes, what name?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously filed an application under your present name or a different name? If yes, when?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years old or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you're applying either with or without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No

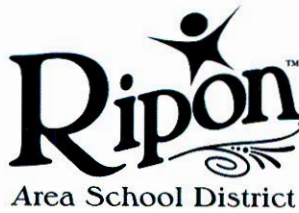
EDUCATION		
Highest Level of Education Completed: <input type="checkbox"/> HS <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> MS <input type="checkbox"/> PhD		
High School Name	City	State
College Name	City	State
College Name	City	State

EMPLOYMENT HISTORY

1	Name of Employer		Dates Employed (MM/YY – MM/YY)	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position	Reason For Leaving		
2	Name of Employer		Dates Employed (MM/YY – MM/YY)	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position	Reason For Leaving		
3	Name of Employer		Dates Employed (MM/YY – MM/YY)	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position	Reason For Leaving		

PERSONAL REFERENCES

1	Name	Telephone
	Email Address	Relationship
2	Name	Telephone
	Email Address	Relationship



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