Return completed application and letter of application. Resume, transcripts and credentials may be requested

School District of Mondovi Employment Application 337 N Jackson St Mondovi, WI 54755 Telephone (715) 926-3684

The School District of Mondovi does not discriminate in education or employment based on sex, race, color, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or disability. If you need accommodations as a qualified disabled employee or applicant, please contact: Jeff Rykal, 715-926-3684 or jrykal@mondovi.k12.wi.us

Position applying for	or:		Application Date:		
Personal Data					
Name:	Last	First		Middle	
Address:	Street/Route	City	State	Zip	
Telephone Numbers:	Home		Work		
E-Mail Address:					

Education						
	School Name & Location	Dates Attended	Course or Major	Diploma or Degree		
High School						
College or Technical						
Other Education						

Employment Eligibility Verification
Have you ever been terminated from employment or resigned, for cause of alleged misconduct, alleged
unsatisfactory performance, or alleged improper or illegal acts? Y N
Have you ever been convicted of any offense involving physical or sexual abuse? Y N
Have you ever had a teaching license suspended or revoked? Y N
If you answered "Yes" to any of the above questions, please explain in the space below. The existence of a
criminal record does not necessarily constitute an automatic bar to employment.
Explanation:

Are you lawfully authorized to work in the U.S.? Y ____ N ____

The Immigration Reform and Control Act of 1986 requires employers to hire only U.S. citizens and aliens lawfully authorized to work in the U.S. Anyone hired by this school district will be required to provide necessary proofs of eligibility.

Work Experience (please include coaching experience, if applicable)						
Begin with your present position and list all positions held since graduation from high school or college. Account for all periods of unemployment.						
Name & Address of Employer	Dates of Employment	Nature of Work	Name of Supervisor	Reason for Leaving		

May we contact your current employer?	Υ_	N	May we conta	act previo	ous emplo	oyers? Y	N
Have you ever been bonded? Y N		If yes, wit	h what employ	/er?			
Will you be able to perform the essential	fun	ctions of th	e job you are a	applying	for witho	ut accomm	odations?
Y N							

If reasonable accommodations must be made, please describe or be prepared to demonstrate how you would perform job-related functions:

For some positions a val	id driver's license	is required.	Do you hold a valid	driver's license?	Y	Ν
1		1				

ferences whom we may contact who cou	d testify to your competence, trustworthiness,	, and character. Do not list relatives.
Name	Relationship	Telephone Number

Additional Information	Additional	Information
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Please list special skills you possess, any organization to which you belong or have belonged, any honors or awards you have received, which relate to this position and other information that you wish to offer relevant to the job which you are applying. You may attach a resume.

Information:

If applying for employment as a substitute aide or teacher, what grade levels and subject areas are you willing to work in?

General Information

- The successful candidate for this position is required to have a physical examination as a condition of employment. Note: Substitutes are NOT required to have a physical examination.
- I certify the information provided on this application and all application materials are complete, true and factual. Failure to provide true and factual information will result in the application not being considered.

Employee Signature

Date

Social Security Number

Personnel hiring and administration in the School District of Mondovi shall be conducted so as not to discriminate against employee or applicant on the basis of race, religion, political affiliation, sex or sexual orientation, age, national origin, handicap, marital status, ancestry, color, arrest or conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or Wisconsin, creed, disability, citizenship, pregnancy or use or nonuse of lawful products off the employer's premises during nonworking hours or any other reason prohibited by state or federal law.

The School District of Mondovi is an equal opportunity employer and adheres to Title IX regulations and Section 504 of the Vocational Rehabilitation Act of 1973.



Pre-Employment Background Check Disclosure & Authorization Form

In connection with my application for employment (including contract for services or volunteer services) or tenancy with **School District of Mondovi**. These consumer reports (investigative consumer reports in Florida) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

I have the right to make a request to the consumer-reporting agency: Corporate Security Solutions, Inc. 3595 West Lake Mary Blvd., Suite 5C, Lake Mary, Florida 32746; telephone (800) 203-4731 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s), and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota and Oklahoma Applicants: Check box if you request a copy of your consumer report

Notice to California Residents: You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a m to 5:00 p.m. (EST) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Residents: I acknowledge receiving a copy of Article 23A of the NY Correction Law

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION. | acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Any other names used

Print Name	Social Security #	Date of Birth
Applicant's Signature	// Date	

Email (required in order to receive legal notices)