

Dear Applicant,

Thank you for your willingness to help support students at the School District of Poynette. Substitute support staff is extremely important to our mission of providing consistent and effective environments and instruction for all of our students. Each year we need to update our files so they are current and accurate. In order to remain on or be added to our calling lists as a substitute educational assistant, secretary, custodian, or food server, we ask that you complete the following procedures. Highlighted items are missing from your current file, if you were a substitute in our district last year.

You will need to:

1. Complete a district application.
2. Complete and mail or drop off the form below.
3. If your application is approved, you will need to report to the District Office to obtain financial paperwork and provide identification documents. This can be done the first day you work for the school district.

As a reminder, you will need to have completed the above items and be approved by the administration before you will be called as a substitute. The Poynette School District pays substitutes \$10.00 per hour (or \$11.00 for special education licensed substitutes working in the special education program.) School hours are as follows: Elementary-8:30 a.m.-3:30 p.m.; Middle and High School 7:30-2:40. (Coverage may be needed for partial days or full days.) You can drop off the information at the Poynette High School Office or mail it to:

Poynette School District
Attn. Administrative Offices
P.O. Box 10
Poynette, WI 53955

Or fax: (608) 635-9200

Again thank you for your willingness to help our school district provide the best possible environment and instruction for our students. We look forward to working with you and hope you enjoy your experiences here at Poynette School District. If you have any questions feel free to call Mr. Adams at (608) 635-4347 ext. 401.

Poynette Schools- Substitute Support Staff

Name _____ Phone # _____

Grade Levels or Schools Desired _____

Subject Certifications or Preferences _____

Comments:

**SCHOOL DISTRICT OF POYNETTE
EMPLOYMENT APPLICATION FOR NON-CERTIFIED STAFF**

PERSONAL INFORMATION:

Name:	
Address:	Home Phone: Work Phone:
City/State/Zip:	Expected Salary Range:
<p>Have you ever been convicted of, or do you presently have pending any violations of law other than minor traffic violations? (In accordance with Sate Law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances particular to the position.) (Failure to check the appropriate box may affect employment.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain.</p> <p>The School District of Poynette reserves the right to conduct a criminal background check prior to offering a contract to an individual.</p>	Date of Birth: (required for background check) Email

Position:	
Date you can start:	Salary Desired:
Are you employed now?:	May we contact your employer: <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever applied to this District before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?:

EDUCATION AND TRAINING:

School	Name and Location	Graduated		Major Subjects	GPA
High School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
College/ University		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other (Specify)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

OTHER INFORMATION:

Subjects of special study or research work:
Special training:
Activities: (civic, athletic, etc.)
Please list all states/countries in which you have resided:

**SCHOOL DISTRICT OF POYNETTE
EMPLOYMENT APPLICATION FOR NON-CERTIFIED STAFF**

FORMER EMPLOYERS:

Date Month/Year	Name and Address of Employer	Phone #	Salary	Position	Reason for Leaving
From:			\$		
To:			Per:		
From:			\$		
To:			Per:		
From:			\$		
To:			Per:		
From:			\$		
To:			Per:		

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Email	Address	Phone	Business	Years Acquainted

You may attach information that describes any education, training or experience you have had which is not covered above, such as correspondence courses, in-service training, or volunteer work, etc. which you feel is relevant to the job for which you are applying. Also include relevant licenses or certificates. (Be Specific)

I certify that the statements made in this application, and in any document submitted by me with this application, are true and correct and understand that my employment may be terminated for any misstatement, misrepresentation, or omission of fact on this application. The completion of this application and acceptance by the School District of Poynette does not imply a guarantee of employment. I hereby authorize the School District of Poynette, without liability, to contact prior employers (present if authorized) or reference given by me and authorize said employers or references to make full response to any inquiries by the School District of Poynette in connection with this application for employment. I further authorize the School District of Poynette to perform criminal background checks, driver's license checks and/or any other background checks the School District of Poynette deems necessary. I understand that my employment at the School District of Poynette may be affected by information disclosed by such background checks. I acknowledge that I have read this section and understand it.

Signature:

Date:

It is the policy of the School District of Poynette that no person may be denied employment, or be denied the benefits of, or be discriminated against in any activity because of the person's sex, color, ancestry, disability, marital status, race creed, age, use of lawful products, arrest or conviction record, honesty testing, national origin, pregnancy or childbirth, sexual orientation, genetic testing, or military service membership as required by s.111.31-111.395.13, Wis. Statutes.

School District of Poynette

108 N. Cleveland St.

P.O. Box 10

Poynette, WI 53955-0010

Criminal Background Disclosure Statement

The tremendous responsibility the School District of Poynette has to its students and community necessitates the following information from all applicants **and volunteers** regarding convictions.* A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or **volunteer opportunities** may be cause for dismissal if employed. Applicants must report any convictions that occur subsequent to the time they initially completed this form.

Name: _____
Last First Middle

Date of Birth: _____ Location of Birth: _____
(Month/Date/Year) (County, State/Country)

Social Security Number _____ - ____ - _____

Other Names Used: _____ Dates of Usage: _____

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

_____ No _____ Yes

If yes, please fill in the information below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

***Conviction** means the final judgment or a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed set aside, or otherwise rendered invalid.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the School District of Poynette. I understand that my employment is not finalized until the background investigation has been completed.

I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is terminated because of false statements or omissions or information made by this application. In consideration of the school district's review of this application, I hereby release the District as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information.

Signature

Date

It is the policy of the School District of Poynette that no person may be denied employment, or be denied the benefits of, or be discriminated against in any activity because of the person's sex, color, ancestry, disability, marital status, race creed, age, use of lawful products, arrest or conviction record, honesty testing, national origin, pregnancy or childbirth, sexual orientation, genetic testing, or military service membership as required by s.111.31-111.395.13, Wis. Statutes.

Office Use Only:

Revised April 20, 2017

- SSA
- CCAP
- SO
- DOJ