

**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>	<p>Date of Birth: (required for background check)</p> <p>Email</p>

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		
College/ University		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other (Specify)		<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:

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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



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address			Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)			
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)			City or Town	State	ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.