

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

**PERSONAL INFORMATION:**

Name (last, first, middle):

Present Street Address:

City:                      State:                      Zip:                      Phone: home                      cell

Permanent Street/Mailing Address:

City:                      State:                      Zip:                      Phone:

e-mail address:                      Date of Application:

Position for which you are applying:

Are you currently under contract:     Yes                       No

If yes, explain:

Date available for employment in this school district:

Have you previously filed an application with this school district:     Yes                       No

If so, on what date?

<b>DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY</b>	
<input type="checkbox"/> Contract	Date Application Sent:
	Date Application Received:
Building Assignment:	Grade(s)/Subject(s):
Additional Salaried Responsibilities:	
Effective Date:	Replaces:
Allowed                      years of teaching experience for	years of previous experience
Previous Credits Accepted:	Interviewed by:
Salary Code:	
Base Salary:	Place of Interview:
Salary for Add'l Respons:	
Total Contracted Salary:	Date of Interview:

**EDUCATION PREPARATION AND TRAINING:**

High School:

Location:

Date of Graduation:

**COLLEGE OR UNIVERSITY EDUCATION (most recent first):**

Name and Location of School	Dates Attended Mo/Yr-Mo/Yr	Degree	Grade Pt.		Major(s)	Minor(s)
			Avg.	Scale		

Number of Graduate Credits  
Beyond Bachelor's Degree:

Number of Credits  
Beyond Master's Degree:

**PARTICIPATION IN EXTRACURRICULAR ACTIVITIES:**

College:

High School:

**EXPERIENCE (attach a sheet if more space is needed for professional experience):**

Dates: (Mo./Yr.)		District	Grade/Subject Taught
From:	To:		
Reference: (cooperating teacher)			
School Address:		Phone #:	

Dates: (Mo./Yr.)		District	Grade/Subject Taught
From:	To:		
Reference: (cooperating teacher)			
School Address:		Phone #:	

Dates: (Mo./Yr.)		District	Grade/Subject Taught
From:	To:		
Reference: (cooperating teacher)			
School Address:		Phone #:	

Dates: (Mo./Yr.)		District	Grade/Subject Taught
From:	To:		
Reference: (cooperating teacher)			
School Address:		Phone #:	

**PROFESSIONAL/EDUCATION EXPERIENCE**  
**EXPERIENCE UNDER CONTRACT:**

Dates: (Mo./Yr.)	District	Grade Level or Subject	Position	Reason for Leaving
From:      To:				
Reference:                      (name)		Title:	Phone #:	

Dates: (Mo./Yr.)	District	Grade Level or Subject	Position	Reason for Leaving
From:      To:				
Reference:                      (name)		Title:	Phone #:	

Dates: (Mo./Yr.)	District	Grade Level or Subject	Position	Reason for Leaving
From:      To:				
Reference:                      (name)		Title:	Phone #:	

Dates: (Mo./Yr.)	District	Grade Level or Subject	Position	Reason for Leaving
From:      To:				
Reference:                      (name)		Title:	Phone #:	

A copy of my teaching/education credentials may be obtained from (college placement office or agency):

Credentials listed under what name (last, first, middle):

**TEACHER CERTIFICATION:**

Wisconsin DPI Code Number	Certification Level	Area	License Dates Issued - Expires	State Issuing License

**OTHER WORK EXPERIENCE (list most recent first):**

Employer	Reference Name	Reference Title	Dates of Employment	Reason for Leaving

**PERSONAL STATEMENT:**

Prepare a hand written statement describing any experience or talent which will contribute to your success in the position for which you are applying, such as: scholastic distinctions, travel, community service or activities, foreign language skills, musical or artistic talent, athletic achievement, coaching, journalism, dramatics, etc.

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.





**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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State
Date of Birth <i>(mm/dd/yyyy)</i>		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	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident <i>(Alien Registration Number/USCIS Number):</i> _____	
<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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	

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



**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.")*

<b>Employee Info from Section 1</b>	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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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		
	<b>For persons under age 18 who are unable to present a document listed above:</b>			
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.**