School District of Wauzeka-Steuben 301 E. Main Street Wauzeka, WI 53826

APPLICATION FOR NON-CERTIFIED EMPLOYMENT

NAME(Last)					
(Last)		(First)		(Middle)
PRESENT ADDRESS					
	(Street)				
_	(City)	(State)	(Zip)	(Phone)	
PERMANENT ADDRES (If different) (Street)	S				
	(City)	(State)	(Zip)	(Phone)	
			DATE (OF APPLICATION	<u></u>
Are you a U.S. Citizen? _	Are you currently unde	r contract?	If so, explain.		
Position for which you are	applying				
Date available for employ	ment				
Have you previously filed	an application with this distri	ct? If s	so, when?		
	ipt of all undergraduate and groyment. It is the responsibility	y of the applicar	nt to supply this inf	ormation upon requ	
		L FREFARA	TION AND TRAI	MING	
HIGH SCHOOL Name	City		State	Graduatio	n Date
	SITY TRAINING (Most Rece	ent First)			
COLLEGE OR ONIVER	or realisting (most rece	int Pirst)			
Name/Location of School	Dates: Mo/Yr. Mo/Yr.	Degree	Grade Point	Major(s)	Minor(s)
Number of graduate and in	ts beyond bachelor's degree	horron	d master's degree	1	
_			d master's degree _		
PARTICIPATION IN EX	TRACURRICULAR ACTIV	ITIES			

High School								
College								
Community ActivitiesPROFESSIONAL/EDUCATIO	ONAL EXPERIENCE (Most Re	ecent First)						
Name and Location of School	me and Location of School Dates: Mo/Yr – Mo-Yr Grade Level or Subject Reason for Le							
	STUDENT	TEACHING						
Name and Location of School	Dates: Mo/Yr – Mo-Yr	Grade Level or Subject	Supervising Teacher					
REFERENCES: List three peo work in one of		mmendations in your credentia	ls but who are familiar with your					
Name	Location	Position	Phone					
	CERTIF	ICATION						
Grade/Subject/Position	State Issuing License	Expires Mo/Yr	DPI Code No. (If Wisconsin)					

OTHER WORK EXPERIENCE (Most Recent First)

Name/Location of Employer	Dates: Mo/Yr – Mo/Yr	Position or Type of Work	Reason for Leaving
Prepare a statement to inclu	de any experience or talent v	which in your estimation will	contribute to your success
in the position for which yo	u are making application:	•	ž
p	2 mr		

	on this application are true and complete to the best of my derstand that any misrepresentation of factual information
Signature	Date

This school district is an equal opportunity employer and does not discriminate against applicants on the basis of race, creed, gender, national origin, handicap, age, or political affiliation.

The School District of Wauzeka-Steuben, in accordance with Title IX of the Educational Amendments of 1972 and other Federal and State regulations, hereby declares that it is committed to the principle of equal education and employment opportunity and, accordingly, does not discriminate as to sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. Any inquiries or complaints alleging non-compliance with Title IX of the Educational Amendments of 1972 or other Federal and State civil rights or nondiscrimination regulations shall be referred to District Administrator Gary Albrecht at the School District of Wauzeka-Steuben, 301 E. Main St., Wauzeka, WI 53826, (e-mail) albregar@wauzeka.k12.wi.us (call) 608-875-5311 ext. 214 and/or Jamie Nutter, Title IX Coordinator of the School District of Wauzeka-Steuben, at Cooperative Educational Service Agency #3, 1300 Industrial Drive, Fennimore, WI 53809, (call) 1-608-822-2148 (e-mail) jnutter@cesa3.org

Consent to Conduct Background Investigation "Disclosure and Authorization" form

X Sexual offender database queries Public database queries							Neighborhood Canvass Drug screening Education and Professional License Verification															
X State criminal/civil queries Driver's license records (as applicable to the							positi	Education and Professional License Verification Employment Verification & Reference position) Credit Report / Civil Litigation														
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Authorization for the Release of Information

To Whom It May Concern:

I am an applicant/volunteer/current employee with School District of Wauzeka-Steuben. I understand that there is a need to thoroughly investigate and/or re-investigate my background to evaluate my qualifications to hold the position for which I have applied or currently hold. I agree that it is in my best interest, as well as the interest of School District of Wauzeka-Steuben, that any relevant information concerning my personal and employment history is disclosed to School District of Wauzeka-Steuben, via DIVERSIFIED investigations, Ilc (DI). I have signed a consent form to allow DIVERSIFIED investigations, Ilc to conduct a background investigation on me. I consent only to the release of information upon which I have consented to. I have signed this form to assist DI in getting information from places that have information about be for example: former employers, your departments, personal & professional references.

I hereby authorize you to release any and all information, written or oral, typed or hard copy, including any criminal or driving record, you contacts including: arrest information, suspect information, history of medical/mental contacts, warnings, reporting person, investigatory file complaints, grievances, civil, criminal, and any other records relating to my reputation, conduct, and financial and credit status and to provide such information to DIVERSIFIED investigations, Ilc. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data and to provide such information to School District of Wauzeka-Steuben to consider in determining my suitability for employment/volunteering with School District of Wauzeka-Steuben. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to the release of any and all public and private information that you possess concerning me.

I hereby release and hold harmless you, any individual, institution or agency, including its officers, employees or other related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates, or any other person claiming on my behalf because of compliance with oral or written in nature.

I specifically direct you to promptly release such information to School District of Wauzeka-Steuben via representative of DIVERSIFIED investigations, Ilc, regardless of any agreement I may have made with you previously to the contrary. School District of Wauzeka-Steuben may discontinue processing my application if you refuse to disclose the information requested. In the interest of allowing School District of Wauzeka-Steuben to receive a timely response from you, I hereby waive my rights held under Wisconsin Supreme Court decision in Woznicki v. Erickson, 202 Wis. 2d 178, 193 (Wis. 1996), that allows me to inspect, review, personally view, or have produced to me the contents of what you may release regarding my background investigation, including having the circuit court review your decision to release these records. I further understand that the released documents may adversely implicate my privacy interest and/or reputation. I fully understand this Authorization for the Release of Records is subject to the Fair Credit Reporting Act and does NOT remove my right to receive a copy of the full background if an adverse action is taken by School District of Wauzeka-Steuben (FCRA-see www.consumerfinancie.gove/learnmore).

A photocopy of this one-page authorizatio intent and purpose as valid as the original	n, when supplied by an employee of DIVERSIFIED investigations, llc, shall be for . You may retain the photocopy for your files.
Printed Full Name:	
Address:	
Phone number:	
Date of Birth:	
Signature:	Date: