

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

APPLICATION FOR PROFESSIONAL EMPLOYMENT

DATE OF APPLICATION _____

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Street)

(City) (State) (Zip) (Phone)

PERMANENT ADDRESS _____
(If different) (Street)

(City) (State) (Zip) (Phone)

Are you a U.S. Citizen? _____ Are you currently under contract? _____ If so, explain.

Position for which you are applying _____

Date available for employment _____

Have you previously filed an application with this District? _____ If so, when? _____

Note: A complete transcript of all undergraduate and graduate college work and a current license must be placed on file in the District Office at the time of employment. It is the responsibility of the applicant to supply this information upon request.

EDUCATIONAL PREPARATION AND TRAINING

HIGH SCHOOL _____
Name City State Graduation Date

COLLEGE OR UNIVERSITY TRAINING (Most Recent First)

Name/Location of School	Dates: Mo/Yr. Mo/Yr.	Degree	Grade Point	Major(s)	Minor(s)

Number of graduate credits beyond bachelor's degree _____ beyond master's degree _____

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

High School _____

College _____

Community Activities _____

PROFESSIONAL/EDUCATIONAL EXPERIENCE

(Most Recent First)

Name and Location of School	Dates: Mo/Yr – Mo-Yr	Grade Level or Subject	Reason for Leaving

STUDENT TEACHING

Name and Location of School	Dates: Mo/Yr – Mo-Yr	Grade Level or Subject	Supervising Teacher

REFERENCES: List three people who have not included recommendations in your credentials but who are familiar with your work in one of the above.

Name	Location	Position	Phone

CERTIFICATION

Grade/Subject/Position	State Issuing License	Expires Mo/Yr	DPI Code No. (If Wisconsin)

My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. If employed by this District, I understand that any misrepresentation of factual information contained herein may be cause for dismissal.

Signature _____ Date _____

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

I understand that I am applying for the position of: _____ with WAUZEKA-STEUBEN SCHOOL DISTRICT and am required to have a background investigation completed as requested. I understand that the following personal records are subject to being queried and reviewed by DIVERSIFIED investigations, llc:

- | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------|-------------------------------------|------------------------------|--------------------------|--|--|--------------------------|-----------------------------------|--------------------------|----------------------|--------------------------|----------------|--------------------------|---|--------------------------|-------------------------------------|--------------------------|----------------------------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Social Security/Address Verification</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Local law enforcement queries</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Sexual offender database queries</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Public database queries</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>State criminal/civil queries</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Driver's license records (as applicable to the position)</td></tr> </table> | <input checked="" type="checkbox"/> | Social Security/Address Verification | <input checked="" type="checkbox"/> | Local law enforcement queries | <input checked="" type="checkbox"/> | Sexual offender database queries | <input checked="" type="checkbox"/> | Public database queries | <input checked="" type="checkbox"/> | State criminal/civil queries | <input type="checkbox"/> | Driver's license records (as applicable to the position) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Professional/Character References</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Neighborhood Canvass</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Drug screening</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Education and Professional License Verification</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Employment Verification & Reference</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Credit Report / Civil Litigation</td></tr> </table> | <input type="checkbox"/> | Professional/Character References | <input type="checkbox"/> | Neighborhood Canvass | <input type="checkbox"/> | Drug screening | <input type="checkbox"/> | Education and Professional License Verification | <input type="checkbox"/> | Employment Verification & Reference | <input type="checkbox"/> | Credit Report / Civil Litigation |
| <input checked="" type="checkbox"/> | Social Security/Address Verification | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Local law enforcement queries | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Sexual offender database queries | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Public database queries | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | State criminal/civil queries | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Driver's license records (as applicable to the position) | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Professional/Character References | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Neighborhood Canvass | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Drug screening | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Education and Professional License Verification | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Employment Verification & Reference | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Credit Report / Civil Litigation | | | | | | | | | | | | | | | | | | | | | | | | |

I further understand that the results of this investigation will be forwarded to WAUZEKA-STEUBEN SCHOOL DISTRICT and that agents of DIVERSIFIED investigations, llc will not discuss the findings of the investigation with anyone other than appropriate members of the WAUZEKA-STEUBEN SCHOOL DISTRICT staff. I understand that this background investigation will not be used for any purpose other than assessing my suitability for the position for which I have applied/volunteered/am employed.

Therefore, I do hereby grant permission to WAUZEKA-STEUBEN SCHOOL DISTRICT, and DIVERSIFIED investigations, llc, to conduct a due diligence background investigation. All information is subject to the Fair Credit Reporting Act (FCRA--see www.consumerfinance.gov/learnmore).

**** NOTE:** I understand that this consent is revocable by providing written notice to both DIVERSIFIED investigations, llc and WAUZEKA-STEUBEN SCHOOL DISTRICT.

TO BE COMPLETED BY APPLICANT

The Following Information Is for Identification and Investigative Purposes Only.
Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Last Name													
First Name													
Middle Name													
Current Address											Apt.#		
City										State	Zip		
Social Security Number								Phone		-		-	
Date of Birth													
Sex: (circle one) Male / Female													
Driver's License No.											State		
Other Last Names Used (Include Maiden Names)													
Email Address													
LIST EVERY CITY AND STATE YOU HAVE EVER LIVED and the Month/Year you began living there	STATE CODE	CITY	MO/YR		STATE CODE	CITY	MO/YR	ADD EXTRA PAGES, AS NEEDED					
Please check one of the following ethnic categories:													
White (Not of Hispanic Origin)			Black (Not of Hispanic Origin)			Asian or Pacific Islander							
Hispanic			American Indian or Alaskan Native			I do not wish to answer							
Have you ever been convicted OR do you have any charges pending? You must include traffic and local ordinance citations (Provide answer on right). You are required to include convictions that have been EXPUNGED. If YES, list charge(s) and year below.											<input type="checkbox"/> YES* <input type="checkbox"/> NO *Does not automatically bar you from employment/volunteering		
Charge				Year		Charge				Year			

Applicant Signature: _____ Date: _____
My consent will remain in force for a period no longer than a year from the date this document is signed.

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, llc (DI). I have signed a consent form to allow DIVERSIFIED investigations, llc 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, llc. 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 this authorization and request to release information or any attempt to comply with it, whether that released information be 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, llc, 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.consumerfinance.gov/learnmore).

A photocopy of this one-page authorization, when supplied by an employee of DIVERSIFIED investigations, llc, shall be for intent and purpose as valid as the original. You may retain the photocopy for your files.

Printed Full Name: _____

Address: _____

Phone number: _____

Date of Birth: _____

Signature: _____

Date: _____