

SCHOOL DISTRICT OF KEWASKUM

1455 School Street - P.O. Box 37

Kewaskum, WI 53040

(262) 626-8427 - FAX: (262) 626-2961

Date of Application:**EXTRA-CURRICULAR APPLICATION**

Last Name		Maiden Name/Previous Name (if applicable)		
First Name		Middle Name		
Present Address		City	State	Zip Code
Permanent Address		City	State	Zip Code
Home Telephone (with area code)	Cell Phone (with area code)		Best time to call: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Email Address	Date of Birth (MM-DD-YY)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	
Position Applying For			Available Start Date	

High School Completed: 1 2 3 4 School Attended (name/city/state):**College Completed:** 1 2 3 4 School Attended (name/city/state):

Dates attended college: From To Degree Received:

Business or Trade School: Attended: From To

Degree Received:

Please list/describe your skills and participation in the sport/activity:

The School District of Kewaskum does not discriminate on the basis of sex, race, national origin, ancestry, religion, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability or handicap or other basis prohibited under state or federal law.

Please list/describe any coaching/advising experience in the sport/activity:

Please list any other special qualifications you have regarding this sport/activity:

Please list any group/organizations you participated in pertaining to the sport/activity:

Previous Employment: Give an account of your employment. Start with your present or most recent position and work back, listing positions you have held. Use an additional separate sheet if necessary.

Name of Employer	Address:	Phone (with area code):
Date of Employment: From To	Position Title:	
Description of Work:		
Supervisor:	Reason for leaving:	

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Description of Work:		
Supervisor:	Reason for leaving:	

Personal References:

Name:	Phone (with area code):	Relationship:
Name:	Phone (with area code):	Relationship:
Name:	Phone (with area code):	Relationship:

Whom do we contact in case of an accident? Name:

Address:

Phone (with area code):

Have you ever been convicted of a felony?

If yes, explain:

I understand that my employment is contingent on my passing the required physical examination and criminal records check.

RELEASE OF INFORMATION WAIVER

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, medical records and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the School District of Kewaskum and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Signature of Applicant

Date