

Dodgeville School District
307 N. Iowa St.
Dodgeville, WI 53533
608-935-3307

DODGEVILLE SCHOOL DISTRICT
APPLICATION FOR PROFESSIONAL POSITION

1. Position applied for:
Classroom Teacher _____
Substitute Teacher (list areas you will sub in) _____

2. Name : _____
Last First Middle Former

3. Present address: _____
Number Street City State Zip Code Area Code & Phone#

4. Permanent address: _____
Number Street City State Zip Code Area Code & Phone#

5. Email Address: _____

6. Are you a graduate of an accredited institution? Yes _____ No _____

If no, when will you graduate? _____

7. Date of availability? _____ Are you under contract? _____ Expiration date: _____

8. Have you filed an application with the Dodgeville School District previously? Yes _____ No _____

9. When was the previous application filed? _____ Under what name? _____

10. Have you ever been convicted of any offense including felonies, misdemeanors, and ordinance violations?

Yes _____ No _____ Do not report minor traffic violations. In the space below, please list the details of each offense including the specific offense, the date of the offense, the location, and the disposition of the case. (Attach additional sheets if necessary.)

11. Are you currently subject to any pending charge(s) including both felony and misdemeanor charges?

Yes _____ No _____

Do not report minor traffic violations. In the space below, please list the details of each pending charge, including the specific offense, the date of offense, and the location (attach additional sheets if necessary).

Please note that a criminal record does not disqualify an applicant and will be considered only to the extent that any conviction or pending charge is substantially related to the position sought.

12. Have you ever been dismissed or asked to resign from any position? Yes _____ No _____

If yes, please explain fully:

13. WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION LICENSE:

Do you hold a Wisconsin Department of Public Instruction license or certificate? Yes _____ No _____

Type of License (be specific) – _____

Expiration Date - _____

Do you hold a license or certificate from a state other than Wisconsin? Yes _____ No _____

Type of License (be specific) – _____

Expiration Date - _____

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

The Applicant acknowledges that the District may now, or at any time while employed, verify information within the application, resume or supporting documents. The verifications and/or checks may include but are not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, drug screening, records of educational and licensing institutions and criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated school district personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on any information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements, misrepresentations or material omissions will be considered as a cause for possible dismissal.

To the extent permitted by law, I hereby forever waive, release, and hold harmless any person or organization including the Dodgeville School District, its agents and employees for the result of providing, obtaining, or acting upon the information described above. I give this waiver, release, and covenant not to sue for myself, my heirs, assigns, and successors in interest forever.

Signature

Date

Social Security Number: _____

Birthdate: _____