

Seymour Community School District
10 Circle Drive • Seymour, WI 54165 • 920-833-2304

Date: _____

**APPLICATION FOR EMPLOYMENT
SUPPORT STAFF**

Position you are applying for: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Position Desired: _____

Are you currently employed? YES NO

Date available for employment in this school district: _____

Have you previously filed an application with this school district? YES NO

If yes, give approximate date: _____

Have you worked for the Seymour Community School District before? YES NO

If yes, when and in what capacity? _____

DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY

BUILDING ASSIGNMENT: _____ OTHER: _____

ADDITIONAL SALARIED RESPONSIBILITIES: _____

EFFECTIVE DATE: _____ REPLACES: _____

ALLOWED _____ YEARS OF EXPERIENCE FOR _____ YEARS OF PREVIOUS EXPERIENCE

SALARY CODE: _____ INTERVIEWED BY: _____

BASE SALARY: _____ INTERVIEW SITE: _____

OTHER SALARY: _____ SPECIFICALLY: _____

TOTAL SALARY: _____ DATE OF INTERVIEW: _____

HEALTH

Do you have any physical limitation which might restrict your ability to perform the job for which you are applying? YES NO

If yes, please describe:

EDUCATION

High School: _____

Location: _____

Did you graduate: YES NO

College: _____

Location: _____

Did you graduate: YES NO

Dates Attended: _____

Degree: _____

EXTRA CURRICULAR ACTIVITIES:

High School: _____

College: _____

Community: _____

WORK EXPERIENCE

(List most recent first)

Dates (mo/yr)		Name of Business	City/State	Work Performed	Reason for Leaving
From	To				

WORK REFERENCES

(Do not include relatives or friends unless you were employed by them.)

Name	Relationship	Email Address	Telephone

PERSONAL STATEMENT

Use the area provided below to write a statement to include any experience or talent in which you feel will contribute to your success in the position for which you are applying. Such experience may include: scholastic distinctions, community service or activities, volunteer work, life experiences, etc.

My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. Permission is granted by me to contact the persons listed as reference on this application. If employed by the Seymour Community School District, I understand that any misrepresentation of factual information contained herein may be cause for dismissal.

SIGNATURE: _____

DATE: _____