

# Merrill Area Public Schools

1111 N. Sales St.

Merrill, WI 54452

**Telephone:** (715) 536-4581

**Website:** <https://www.mapsedu.org/>

## APPLICATION FOR EMPLOYMENT – Support Staff

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	
STREET ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE	HOME PHONE	SOCIAL SECURITY NO.	
DATE OF BIRTH	EMAIL ADDRESS		

### POSITION DESIRED

<input type="checkbox"/> SECRETARY <input type="checkbox"/> AIDE <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> OTHER _____			
If you are not hired for this position would you consider subbing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check all positions and locations you are interested in subbing for:			
<b>POSITION:</b>			
<input type="checkbox"/> Clerical <input type="checkbox"/> Aide <input type="checkbox"/> Custodial <input type="checkbox"/> Maintenance			
<b>LOCATION:</b>			
<input type="checkbox"/> All Buildings <input type="checkbox"/> Elementary Level <input type="checkbox"/> Middle School <input type="checkbox"/> High School			

### EDUCATION AND TRAINING

	NAME OF SCHOOL, CITY, STATE	AREA OF STUDY	# OF YRS COMPLETED	DID YOU GRADUATE	DEGREE
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
VOCATIONAL/TECHNICAL					
OTHER					

What special training or abilities do you possess or experiences have you had that qualify you for this position?  
 (Example: computer/word processing experience, typing speed, software programs, etc.)

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**REFERENCES**

Please list four (4) people who are not related to you, whom you have known for at least one year.

NAME	JOB TITLE/POSITION	COMPANY NAME/ADDRESS	DAY TELEPHONE	RELATIONSHIP	HOW LONG KNOWN
1.					
2.					
3.					
4.					

**SUMMARY**

I am applying for this position because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**READ AND SIGN**

Do you have a valid Wisconsin driver’s license?  Yes  No  
Have you ever been convicted of a misdemeanor other than a minor traffic offense?  Yes  No  
If yes, please explain: \_\_\_\_\_

Note: A criminal record does not constitute a bar to employment, unless it is substantially related to the job in question.  
If the job for which you are applying requires that you operate a motor vehicle, include traffic convictions.

Is there any additional information regarding your name, necessary for us to conduct a record check?  Yes  No  
If yes, please explain: \_\_\_\_\_

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 and the reference source from any liability in connection with its release or use.

I understand that the school district is committed to maintaining a drug-free workplace. I am aware that the school district may require a drug test as part of the hiring process or during employment. I understand that possession of illegal or illicit substances shall be grounds for failure to employ or for my discharge should I become employed by the school district.

If employed, I agree to comply with all the rules and regulations of the Tigerton School District. I also understand that employment is subject to satisfactory investigation of this application and a favorable physical examination report, including a chest x-ray or tuberculin test. A physical examination will be performed only after an offer of employment has been made. Further, a job offer will not be withdrawn based on the results of the physical examination unless the examination reveals a job-related reason why the applicant may not be hired by the Tigerton School District.

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, or false 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.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Tigerton School District does not discriminate on the basis of race, religion, creed, political affiliation, physical, mental, emotional, learning, or other disabilities, sex, sexual orientation, age, national origin, citizenship, marital or parental status, ancestry, color, arrest or conviction record, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States or Wisconsin, or any other reason prohibited by state or federal law.*