

SCHOOL DISTRICT OF WILD ROSE  
600 PARK AVENUE  
P.O. BOX 276  
WILD ROSE, WI 54984

Attn: Tammy Wilkinson

SUPPORT STAFF APPLICATION FOR EMPLOYMENT

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

GRADUATED FROM \_\_\_\_\_

EDUCATION BEYOND HIGH SCHOOL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RELATED WORK EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name	Address	Phone Number	Relationship
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Relationship

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Please start with current employer and work backwards.

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[illegible]

### Criminal Background Search

May we conduct a personal background check, including contact of your references named above as well as present and previous employers including records of municipal, state and federal law enforcement agencies, Selective Service System, and review other records related to this position? (A conviction record will not be used as a criteria in making an employment decision unless the circumstance of the offense substantially relates to the circumstance of this position.)

\_\_\_\_\_ yes \_\_\_\_\_ no If no, please explain.

Have you ever been convicted of a crime or are there any charges currently pending? \_\_\_\_ yes \_\_\_\_ no  
If so, please explain in detail:

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Please provide all of your past addresses for the last 10 years:

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Have you ever lived outside the state (after age 18) \_\_\_\_\_ yes \_\_\_\_\_ no

I do hereby provide the School District of Wild Rose with my birthdate and social security number with the understanding this information will be used to conduct a criminal background check.

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

List any other names you have used (e.g. alias, maiden name) \_\_\_\_\_

**CERTIFICATION STATEMENT** Please read, sign, and date the following statement.

I certify that I have fully read this application form and that all answers to questions in this application are true and complete to the best of my knowledge. I agree and fully understand that it is my responsibility as an applicant to provide complete and accurate information regarding my past history, licensure, license revocation, and any convictions and that failure to do so may be just cause to terminate employment. I understand that any misstatements or omissions of material fact may disqualify me for this position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date  
An Equal Opportunity Employer

Revised 07/2023

# SCHOOL DISTRICT OF WILD ROSE

## *“Home of the Wildcats”*

**Craig Hayes**

District Administrator  
hayesc@wildroseschools.org  
600 Park Avenue, PO Box 276  
Wild Rose, WI 54984-0276  
(920) 622-4203  
Fax (920) 622-4604

**Amanda Bronk**

Middle School-High School Principal  
bronka@wildroseschools.org  
Wild Rose Middle-High School  
600 Park Avenue, PO Box 276  
Wild Rose, WI 54984-0276  
(920) 622-4201  
Fax (920) 622-4801

**Matt Wilbert**

Elementary Principal  
wilbertm@wildroseschools.org  
Wild Rose Elementary School  
825 Mt Morris St, PO Box 119  
Wild Rose, WI 54984-0119  
(920) 622-4204  
Fax (920) 622-4601

Date: \_\_\_\_\_

To: \_\_\_\_\_

Reference Check for: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### AUTHORIZATION TO SECURE APPLICANT REFERENCE INFORMATION

I, \_\_\_\_\_, have placed an application for employment with the School District of Wild Rose. I hereby authorize the School District of Wild Rose to initiate reference checks of such information as necessary to verify/evaluate my qualifications for the position for which I have applied.

\_\_\_\_\_ I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to an invasion of privacy or civil rights.

\_\_\_\_\_ I hereby give consent to access the information contained in my personnel records or file and authorize the release of copies of such records to the School District of Wild Rose.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_