



Lac du Flambeau School District

2899 Highway 47
Lac du Flambeau, WI 54538

715-588-3838 / FAX 715-588-3243
www.ldfschool.org

**APPLICATION FOR
SUPPORT STAFF
EMPLOYMENT**

Applicants who need accommodation in the application or interview process are asked to make their request by contacting the Lac du Flambeau Public School.

Name _____
(Print) Last First Middle Date of Application

Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Cell Phone

_____ Email Address Social Security Number

Date available to start work: _____

Date of Birth (Necessary for conducting a background check) _____

Is there additional information regarding your name which is necessary for us to conduct a record check (i.e., alias or previous name)? _____

Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S.? _____ Yes _____ No

POSITIONS(S) DESIRED: (check one or more)

- Secretary/Administrative Assistant
- Receptionist
- Special Education Para educator
- ELL/Bilingual Aide/Translator
(English Language Learner)
- Teacher's Aide
- Library Aide
- Student Supervisor
- Maintenance
- Food Service
- Accounting/Business Services/Payroll
- Technology/Computers
- Program Coordinator/Specialist
- Educational Interpreter-DHH
(License #884 Required)
- Other: _____

If you are applying for a specific position, please indicate below:

(Indication of a specific position will not prevent your application from being considered for other vacancies.)

CLERICAL SKILLS: If applying for clerical work, indicate your experience for the following:

Receptionist	Transcription	Email
Multi-line Telephone	Accounting	Filing
Computer/Word Processing (wpm _____)	Internet	Other

Check computer software programs with which you are proficient:

Microsoft Office <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint <input type="checkbox"/> FrontPage <input type="checkbox"/> Publisher	Infinite Campus <input type="checkbox"/> Student Management	Skyward <input type="checkbox"/> Financial	Other <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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How were you referred to the Lac du Flambeau School District?

___ Internet ___ University/College ___ District employee or publication ___ Job Service ___ Other

TERM(S) OF EMPLOYMENT DESIRED: (check all that apply)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> School Year | <input type="checkbox"/> Part-time | <input type="checkbox"/> I am willing to substitute |
| <input type="checkbox"/> Calendar Year | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Summer | | <input type="checkbox"/> Custodian |
| | | <input type="checkbox"/> Clerical/office |
| | | <input type="checkbox"/> Teacher Assistants |
| | | <input type="checkbox"/> Special Education Aide (one-on-one) |

REFERENCES: (List three people who are not related to you or are not previous employers, whom you have known for at least one year)

NAME	ADDRESS	OCCUPATION	TELEPHONE NO.

EDUCATION:

HIGH SCHOOL, COLLEGE, UNIVERSITY, OTHER (MOST RECENT FIRST)

1. NAME OF SCHOOL		LOCATION (CITY/STATE)		# OF YRS. COMPLETED
MAJOR	MINOR	DID YOU GRADUATE?	DEGREE	
2. NAME OF SCHOOL		LOCATION (CITY/STATE)		# OF YRS. COMPLETED
MAJOR	MINOR	DID YOU GRADUATE?	DEGREE	
3. NAME OF SCHOOL		LOCATION (CITY/STATE)		# OF YRS. COMPLETED
MAJOR	MINOR	DID YOU GRADUATE?	DEGREE	

EMPLOYMENT HISTORY:

(MOST RECENT FIRST)

1. NAME OF EMPLOYER	ADDRESS (CITY/STATE)	POSITION HELD	REASON FOR LEAVING
SUPERVISOR'S NAME/TITLE	TELEPHONE NO.	FROM	TO
2. NAME OF EMPLOYER	ADDRESS (CITY/STATE)	POSITION HELD	REASON FOR LEAVING
SUPERVISOR'S NAME/TITLE	TELEPHONE NO.	FROM	TO
3. NAME OF EMPLOYER	ADDRESS (CITY/STATE)	POSITION HELD	REASON FOR LEAVING
SUPERVISOR'S NAME/TITLE	TELEPHONE NO.	FROM	TO

Please indicate why you are interested in a position with the Lac du Flambeau School District, including information that would show why you would be an asset to the District.

The Lac du Flambeau School District Board of Education, as a condition of employment, requires a certificate of good health signed by a physician (Physical Report), criminal information records check through the Wisconsin Department of Justice and other appropriate agencies, and requires that all final candidates for employment with the Lac du Flambeau School District submit to a drug test.

As part of the application process, the Lac du Flambeau School District will conduct a criminal information records check. (A criminal record does not constitute an automatic bar to employment and will be considered only if the circumstances of the conviction relate to the circumstances of the particular job for which you are being considered.)

Have you ever been convicted of an ordinance violation (other than minor traffic violations), misdemeanor, or felony?

_____ Yes _____ No

If yes, please attach a confidential letter explaining the offense(s) including date, location of court, etc.

Please read the following statements carefully before you sign your name.

I understand that this application will remain active for six months. After six months, if I am still interested in a position with the Lac du Flambeau School District, it will be necessary for me to complete a new application form or notify the District Office that I would like to re-activate my original application.

RELEASE

I HEREBY CERTIFY that the answers given to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, schools, law enforcement agencies and other sources of information which may be relevant to my application for employment. In consideration of the Lac du Flambeau School District's review of this application, I release from all liability and/or legal claims the Lac du Flambeau School District and every person seeking or providing information, whether it is oral or written. A photocopy and/or electronic version of this release shall be as valid as the original and may be relied upon by all persons providing information. It is understood and agreed that any misrepresentation, false statement, or omissions by me on this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment without liability to the Lac du Flambeau School District. I have read, understand, and agree to the above statements. (Please sign below).

Applicant Signature

Date

An Equal Opportunity Employer

The Lac du Flambeau School District does not discriminate in employment on account of race, color, religion, sex, pregnancy, national origin, age, disability, ancestry, marital status, arrest record, conviction record, sexual orientation, national guard/reserve membership and the non-work related use or non-use of lawful products.

The Lac du Flambeau School District is in compliance with the Americans With Disabilities Act.