

# SCHOOL DISTRICT OF PORT EDWARDS

## EMPLOYMENT PROCEDURES FOR SUBSTITUTE PARAPROFESSIONAL STAFF

### PHASE I

1. Secure application form in person or website ([www.pesd.k12.wi.us](http://www.pesd.k12.wi.us)).
2. Return the completed application form with a copy of each the following:
  - Social Security Card
  - Driver's License
  - WI DPI Special Education Program Aide License (Instructional Aides Only)
3. Please contact the Administration Office at (715) 887-9000, ext. 105 if you have a change of address or phone number, or if you no longer wish to be considered for employment.



### PHASE II – APPLICATION SCREENING AND INTERVIEWS

1. Applications will be screened by District Personnel as authorized by the District Administrator.
2. Candidates will be notified when work is available. Substitute pay is established under School Board Policy.
3. A criminal background check will be conducted prior to employment with the School District.
4. Have you ever lived outside of Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, you may be required to submit fingerprints for additional background checks.

**NOTICE TO APPLICANTS:** *If you require accommodation in the application process, please inform us.*

# SCHOOL DISTRICT OF PORT EDWARDS

## SUBSTITUTE PARAPROFESSIONAL STAFF EMPLOYMENT APPLICATION

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or marital or veteran status.*

---

LAST NAME                      FIRST NAME                      M.I.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_

---

Have you ever applied for employment with us?

YES     NO    If YES: Month and Year \_\_\_\_\_ Location: \_\_\_\_\_

Are you presently under contract with any school district for this school year or next school year?     YES     NO

Are you legally eligible for employment in the United States?     YES     NO

### EDUCATIONAL BACKGROUND

SCHOOL	NAME / LOCATION OF SCHOOL	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE EARNED MAJOR/MINOR
High School				
College, University, or Apprenticeship Training				

Other special training or skills (language, machine operations, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion, or national origin.)

--	--

### EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone ( )
Address	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for leaving
State job title and describe your work	

Company Name	Telephone ( )
Address	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for leaving
State job title and describe your work	

Company Name	Telephone ( )
Address	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for leaving
State job title and describe your work	

Company Name	Telephone ( )
Address	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for leaving
State job title and describe your work	

<p><b>We may contact employers listed above unless you indicate those you do not want us to contact.</b></p>	<p>Do not contact: _____ Reason: _____</p> <p>Do not contact: _____ Reason: _____</p> <p>Do not contact: _____ Reason: _____</p>
--	--

<p><b>Please provide names and telephone numbers of at least three references and where they may be reached.</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
--

# POSITION DESIRED

Food Service

Custodial Maintenance

Clerical

Teacher Aide

## To be completed by custodial and maintenance applicants only.

If you have experience or training with any of the following, indicated with a check mark (✓)

Carpentry

Cement Work

Electrical Work

Facility Cleaning

Grounds Care

Plumbing

Painting

Other \_\_\_\_\_

## To be completed by food service applicants only.

Place a ✓ in the appropriate column for interest plus experience and/or training in food service jobs.

	Interested in working	Experience and/or training
Preparation of food		
Use of commercial equipment (such as ovens, dishwasher, large equipment)		
Serving of food		
Cleaning of food preparation area		

## To be completed by instructional aide applicants only.

What special experience have you had which would assist you in a position as a teacher's aide in the Port Edwards Schools?

## To be completed by clerical applicants only.

What special experience have you had which would assist you in a position as secretary in the Port Edwards Schools? Indicated office equipment you have experience in operating?

Is there a criminal charge, felony, or misdemeanor currently pending against you?  YES  NO  
If YES, please give a brief description of the pending charge.

Have you ever been convicted of a crime, felony, or misdemeanor?  YES  NO  
If YES, please give a brief explanatory statement.

Conviction of a crime or arrest is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Can you perform, with or without accommodation, all the duties of the position you seek?  
 With Accommodation  Without Accommodation  
If accommodation is needed, briefly describe what is needed:

**RELEASE**

I authorize the School District of Port Edwards to investigate my personal employment history and authorize any former employer, person, firm, corporation, or government agency to give the School District of Port Edwards any information they may have regarding me. Such inquiries may include and not be limited by enumeration to the quality and quantity of my work, work history and record, character, qualifications, and/or records or convictions.

In consideration of the School District of Port Edwards review of this application, I release from all liability or legal claims the School District of Port Edwards and every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information. I give this waiver, release, and covenant not to sue for myself, my heirs, assigns and successors in interest forever. I give this waiver, release, and covenant not to sue understanding that the information obtained may be such as to disqualify me for employment. I understand that such information is sought with confidentiality and will not request copies of such information.

My signature below certifies that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements made by me, or material omissions of information requested of me, shall constitute grounds for rejection of my application or, if employed, my immediate dismissal.

Acceptance, retention, or review of this application for employment by the District does not guarantee that an applicant will be offered the position.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*



**SCHOOL DISTRICT OF PORT EDWARDS**  
801 Second Street, Port Edwards, WI 54469  
(715) 887-9000 Fax No. (715) 887-9040

*Improving America's Future.....One student at a time.*

# CRIMINAL BACKGROUND INVESTIGATION

All individuals recommended for employment with the School District of Port Edwards must complete a criminal background check prior to hire. The following information is required of all prospective employees in order to process the data request:

<b>Name (Last)</b>	<b>(First)</b>	<b>(Middle)</b>
--------------------	----------------	-----------------

<b>Sex:</b>	<b>Race:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>
-------------	--------------	-----------------------	--------------------------------

<b>Other names by which you have been known:</b> _____
---

The above referenced information shall be kept in a confidential file and is not part of your application for employment or personnel file if hired.

## Authorization and release statement

Having made application for employment with the School District of Port Edwards and desiring them to be informed as to my character and background, I hereby authorize the School District of Port Edwards to investigate my character and background and release all persons whomsoever from any liability because of furnishing said information.

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

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



**SCHOOL DISTRICT OF PORT EDWARDS**  
801 Second Street  
Port Edwards, WI 54469  
715-887-9000