Royall School District

1501 Academy Street Elroy, Wisconsin 53929 1-608-462-2600 Ext 2101 www.royall.k12.wi.us

APPLICATION FOR PARA-PROFESSIONAL POSITION

PERSONAL					_			
Name				Date				
Position Desir	ed							
Address								
Street	-	City			State	Zip Code		
Phone ()_		Place of Birth						
Health Conditi	ion							
Are you Hispa	nic or Latino?	No, not His	-	tino hoose only	Yes, Hispani	ic or Latino		
Are you?	Native Hawai	ian or Other I	Pacific Islan			rican American		
U.S. Citizen?	Yes No	~	Veteran?	Yes	No			
EDUCATION	<u>N</u>			_				
Name of School	Location		Dates Attended	Courses Taken	Year of Graduation	Degree Earned		
WORK EXPI								
Dates	Employer's Name	Address		ure of ition	Salary	Reason for Leaving		

Are you highly qualified para-profe	essional?	Yes	No	
	cssionar:	105	110	
If so:				
How are you highly qualified? (Pl Completed 2 years of study least 48 semester hours Obtained Associates Degre Regular standard of quality	at an accre e (Please s	edited insti ubmit cop	tution of higher educy y of transcripts)	-
PERSONAL REFERENCES				
			Business or	
Name	Address		Profession	Phone
1				
2				
3				
In accordance with Public Act No appropriate box: Criminal charges o will consider the nature of the offense the position applied for.	r conviction	s are not a	n automatic bar from	employment. The district
Have you ever been convicted of a felony Wisconsin? Yes If so, identify the approximate date, location to this application.	No			
Are any criminal charges currently pending. Yes No If so, identify the jurisdiction in which such separate sheet of paper and attach to this a	ch charges are			
Are you currently enrolled in a program of alcohol education)? Yes If so, identify the jurisdiction in which such separate sheet of paper and attach to this a	f deferred adj No ch charges are			
Have you ever been dismissed, asked to re	esign, or non-	renewed fro	m employment?	

____ Yes ____ No
If yes, provide an explanation on a separate sheet of paper and attach to this application. Give the name of employer, the date and reasons.

For Use Only For Crin	ninal Background/Dr	iving Record Check:
Date of Birth:		Social Security Number:
Driver License #	*********	*****************
advise you that inquiries ay	y be made during our prod Il reputation, personal chai	equired to advise you of the following: Public Law 91-508 requires that we cessing of this application to obtain information concerning your character, racteristics and mode of living. Upon written request, additional information e provided.
employment to the Roy	yall Board of Educatio	pply any information regarding my background and former on and its agents and employees and hereby release the same and y arising from the supplying and use of such information.
	ployed by this school d	nts made on this application are true and complete to the best of district, I understand that any misrepresentation of factual for my dismissal.
Signature		Date
	•	ict does not discriminate in employment, portunities, or delivery of services.
Revised 05/01/2012		
For District Office Use (Only:	WI Court System WI Criminal History Background Check
Date	 Initials	Search Number