## **Royall School District**

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

## **APPLICATION FOR CUSTODIAL POSITION**

Name	Date		
Position Desired			
Address			
Street	City	State	Zip Code
Phone ( )	Place of Birth		
Health Condition			
Able to lift at least 50 pound	s		
Are you? American Ind	ian/Alaska Native Asian E	Yes, Hispanio only one) Black or African Am White	
	(Choose one or more. You mus	st select at least one.	.)
J.S. Citizen? Yes No	~ Veteran? Yes N	No	
	~ Veteran? Yes N	No	
EDUCATION	Dates Cou	urses Year of	Degree Earned
EDUCATION	Dates Cou	urses Year of	
EDUCATION	Dates Cou	urses Year of	
EDUCATION  Name of School Location  WORK EXPERIENCE	Dates Cou on Attended Tak	urses Year of	Earned
EDUCATION	Dates Cou on Attended Tak Nature of	urses Year of	

## **PERSONAL REFERENCES**

		Business or	
Name	Address	Profession	Phone
1			<del></del>
2			
3			
In accordance with Public Act appropriate box: Criminal charg will consider the nature of the off the position applied for.	es or convictions are no	ot an automatic bar from	employment. The district
Have you ever been convicted of a fe Wisconsin? Yes	No		
If so, identify the approximate date, le to this application.	ocation and nature of each	such conviction on a separa	te sneet of paper and attach
Are any criminal charges currently per Yes No If so, identify the jurisdiction in whice separate sheet of paper and attach to the separate sheet	h such charges are pending		
Are you currently enrolled in a progra alcohol education)? Yes If so, identify the jurisdiction in whic separate sheet of paper and attach to the	am of deferred adjudicatio No h such charges are pending		
Have you ever been dismissed, asked	to resign, or non-renewed	I from employment?	
Yes No If yes, provide an explanation on a se the date and reasons.	parate sheet of paper and a	attach to this application. Gi	ve the name of employer,
For Use Only For Criminal Back	ground/Driving Record	Check:	
Date of Birth:	Social Se	curity Number:	
Driver License #			
*************	**********	**********	**************
In accordance with Public Law No. 91-3 advise you that inquiries ay be made du general reputation, personal reputation, as to the nature and scope of any such inc	ring our processing of this opersonal characteristics and	application to obtain informati	on concerning your character,
I authorize all persons and enteremployment to the Royall Board of any such persons or entities from	of Education and its age	nts and employees and he	reby release the same and
My signature below certifies that my knowledge. If employed by the information contained herein, may	nis school district, I unde	erstand that any misrepres	
Signature		Date	

For District O	ffice Use Only:	WI Court System WI Criminal History Background Check
Date	 Initials	Search Number