

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 Desired _____

Address _____
Street City State Zip Code

Phone () _____ Place of Birth _____

Health Condition _____

Are you Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic or Latino
(Choose only one)

Are you? American Indian/Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White
(Choose one or more. You must select at least one.)

U.S. Citizen? Yes No ~ Veteran? Yes No

EDUCATION

Name of School	Location	Dates Attended	Courses Taken	Year of Graduation	Degree Earned
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WORK EXPERIENCE

(list most recent, first)

Dates	Employer's Name	Address	Nature of Position	Salary	Reason for Leaving
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Are you highly qualified para-professional? Yes No

If so:

How are you highly qualified? (Please supply copies of qualifications)

Completed 2 years of study at an accredited institution of higher education equivalent to at least 48 semester hours

Obtained Associates Degree (Please submit copy of transcripts)

Regular standard of quality and can demonstrate academics in reading and math

PERSONAL REFERENCES

Name	Address	Business or Profession	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PERSONAL STATEMENT: Prepare a hand-written statement to include experiences or talents, which in your estimation, will contribute to your success in the position for which you are making application. (Use additional sheets if needed.)

In accordance with Public Act No. 94-221 please answer the following questions by checking the appropriate box: Criminal charges or convictions are not an automatic bar from employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position applied for.

Have you ever been convicted of a felony or any other criminal offense, either within or outside the State of Wisconsin? Yes No

If so, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this application.

Are any criminal charges currently pending against you either within or outside the State of Wisconsin? Yes No

If so, identify the jurisdiction in which such charges are pending, the nature of the charges and give an explanation on a separate sheet of paper and attach to this application.

Are you currently enrolled in a program of deferred adjudication (e.g., accelerated rehabilitation, pre-trial drug or alcohol education)? Yes No

If so, identify the jurisdiction in which such charges are pending, the nature of the charges and give an explanation on a separate sheet of paper and attach to this application.

Have you ever been dismissed, asked to resign, or non-renewed from 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 Criminal Background/Driving Record Check:

Date of Birth: _____ Social Security Number: ____ - ____ - ____

Driver License # _____

In accordance with Public Law No. 91-508 we are required to advise you of the following: Public Law 91-508 requires that we advise you that inquiries may be made during our processing of this application to obtain information concerning your character, general reputation, personal reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of any such inquiries will be provided.

I authorize all persons and entities to supply any information regarding my background and former employment to the Royall Board of Education and its agents and employees and hereby release the same and any such persons or entities from any liability arising from the supplying and use of such information.

My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. If employed by this school district, I understand that any misrepresentation of factual information contained herein, may be cause for my dismissal.

Signature

Date

***Royall School District does not discriminate in employment,
program opportunities, 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

