



School District of Omro
455 Fox Trail
Omro, WI 54963-1198

Phone: (920) 303-2324
FAX: (920) 685-5757

E-mail: nstof@omro.k12.wi.us
Website: www.omro.k12.wi.us

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

Please type or print your application. Do not use "See Resume" on any part of the application form.

GENERAL INFORMATION

Last Name:		First Name:		Middle:	
Address:	Street	City	State	Zip Code	
Social Security Number: (Optional)		Home Phone Number:	Cell Phone Number:	Work Phone Number:	
E-mail Address:			Date of Application:		
Have you been employed by the School District of Omro in the past?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the following information:					
Position: _____					
Supervisor: _____					
Employment Dates: _____					
Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you now or in the future require VISA sponsorship for employment at the School District of Omro? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATIONAL BACKGROUND

Have you received a high school diploma or its equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
School or Institution Name: _____			Location: _____		
			City	State	
School Name and Address <i>College, Technical College, Business School, and Post-Graduate</i>	Dates Attended	Degree Completion	Type of Degree	Major	Minor
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

OCCUPATIONAL EXPERIENCE

List most recent work experience first. Include any Military Service or Self-Employment.

<u>Dates of Employment:</u> Employed From: _____ Employed To: _____ Month _____ Year _____ Month _____ Year _____	Name of Employer: _____
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part time, hours per week: _____	Address (street, city, state, zip): _____
Salary: Beginning: _____ Ending: _____	Telephone Number: _____
Position Title(s): _____	Supervisor Name and Title: _____
Describe in detail your position responsibilities: _____ _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving: _____	

<u>Dates of Employment:</u> Employed From: _____ Employed To: _____ Month _____ Year _____ Month _____ Year _____	Name of Employer: _____
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part time, hours per week: _____	Address (street, city, state, zip): _____
Salary: Beginning: _____ Ending: _____	Telephone Number: _____
Position Title(s): _____	Supervisor Name and Title: _____
Describe in detail your position responsibilities: _____ _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving: _____	

<u>Dates of Employment:</u> Employed From: _____ Employed To: _____ Month _____ Year _____ Month _____ Year _____	Name of Employer: _____
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part time, hours per week: _____	Address (street, city, state, zip): _____
Salary: Beginning: _____ Ending: _____	Telephone Number: _____
Position Title(s): _____	Supervisor Name and Title: _____
Describe in detail your position responsibilities: _____ _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving: _____	

OCCUPATIONAL EXPERIENCE (Continued)

<u>Dates of Employment:</u>		Name of Employer:	
Employed From:	Employed To:	Address (street, city, state, zip):	
____ Month ____ Year	____ Month ____ Year	Telephone Number:	
Employment Status:		Supervisor Name and Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part time, hours per week: _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary: Beginning: _____ Ending: _____			
Position Title(s):			
Describe in detail your position responsibilities:			
Reason for Leaving:			

<u>Dates of Employment:</u>		Name of Employer:	
Employed From:	Employed To:	Address (street, city, state, zip):	
____ Month ____ Year	____ Month ____ Year	Telephone Number:	
Employment Status:		Supervisor Name and Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part time, hours per week: _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary: Beginning: _____ Ending: _____			
Position Title(s):			
Describe in detail your position responsibilities:			
Reason for Leaving:			

PROFESSIONAL REFERENCES		
Name:	Title:	
Business:	Telephone: Work	Other
Name:	Title:	
Business:	Telephone: Work	Other
Name:	Title:	
Business:	Telephone: Work	Other

ADDITIONAL INFORMATION

List other professional or occupational training, licenses, skills, or qualifications.

Has a State Licensing Authority ever revoked, suspended, or placed conditions upon your professional/occupational license(s)?

Yes No If yes, please describe in full.

When completing the following information do not disclose information regarding convictions that have been judicially sealed, expunged, eradicated, impounded, or dismissed. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction will not automatically disqualify you from employment. All cases are considered on an individual basis, and the offense will be compared to the position that you are applying for.

1. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation for any felony? Check one: Yes No
2. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any misdemeanor? Check one: Yes No
3. Do you currently have charges pending against you? Check one: Yes No
4. Are you currently on probation? Check one: Yes No
5. If you answered Yes to any of the questions above, please explain completely:

EMPLOYMENT DISCLAIMER: I understand that this employment application and other School District of Omro policies are not contracts of employment. I understand that any oral or written statements to the contrary are hereby disavowed and should not be relied upon by any candidate for employment.

I understand that final employment may be contingent upon specific requirements such as successful completion of a background check, criminal background check, driver's license check, drug test, reference checks, and verification of educational background.

APPLICANT'S CERTIFICATION AND AGREEMENT: The information I have provided in this Application for Employment and any attachments including a resume are true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, will be cause for immediate termination of my employment.

NOTE: By typing your name in the Signature of Applicant section indicates agreement to the above and constitutes an electronic signature. A photocopy and/or facsimile copy of this signed authorization is as effective as the original.

Signature of Applicant: _____

Date: _____

The School District of Omro does not discriminate on the basis of race, color, national origin, sex, disability or age in employment, or its programs or activities

If you need a reasonable accommodation anytime during the application process, please notify Nancy Stoflet at nstof@omro.k12.wi.us.

The following individual is designated to handle inquiries regarding the District's nondiscrimination policies:

***Erik Moon, Business Manager & HR Director
School District of Omro
Telephone: 920-303-2310
Email: emoon@omro.k12.wi.us***



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CONFIDENTIAL VOLUNTARY SELF-IDENTIFICATION SURVEY

The School District of Omro is an Equal Opportunity Employer/Educator. In compliance with government regulations and Affirmative Action responsibilities, the School District of Omro abides by all applicable federal and state laws.

The following questions are being asked to fulfill our Affirmative Action responsibilities. Please help us comply with government agency requirements by completing this survey.

This information will be confidentially maintained in the District Office. Your contribution of this information is strictly voluntary, and anything you provide will have no effect on your application and/or employment status.

Name: _____

Covered Veteran (please select all that apply):

- Vietnam Era Veteran:** (A) Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (C) served on active duty for more than 180 days and served in the republic of Vietnam between February 28, 1961 and May 7, 1975.
- Special Disabled Veteran:** (A) A veteran who is entitled to disability compensation for a disability rated at 30 percent or more, or rated at 10 to 20 percent if it has been determined under the laws administered by the Department of Veterans' Affairs that the individual has a serious employment disability; or (B) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran or Newly Separated Veteran:** Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty (e.g., any veteran within one year of his/her date of discharge or release).
- Other Protected Veteran or Other Eligible Veteran:** Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Not a Covered Veteran**
- Non-Veteran**
- Other:** _____
- Decline to State**

Race/Ethnic Group (please select all that apply):

- American Indian/Alaskan Native**
- Asian American/Pacific Islander/Far Eastern/Southeastern Asian or Indian Subcontinent**
- Black/African American (Not of Hispanic Origin)**
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/ Central or South America**
- White (Not of Hispanic Origin)**
- Other:** _____
- Decline to State**

Disability (please select one of the following):

- Individual with a Disability**
- Individual without a Disability**
- Decline to State**