



WAWM RCS Department 2019-2020 School Year Before and After School Programs Application for Employment

Name _____ Date _____
Last First

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____ @ _____ Are you 18 years of age or older? Yes No

Have you ever worked for the WA-WM RCS Department in the past? Yes No

If Yes, please specify: Position(s): _____ Location: _____

Action AM (Before School Care)

The Before School Programs run Monday through Friday when school is in session. Work hours may vary between 6:45 – 8:45 am. Check the boxes below to specify which days you are consistently available.

Check all that apply: Monday Tuesday Wednesday Thursday Friday

Please check the position(s) you are applying for:

Elementary School – Action AM (Before School Care)

- Site Coordinator
- Assistant Site Coordinator
- Group Leader

Afterschool Action 300 & 330

The After School Programs run Monday through Friday when school is in session from school dismissal until 5:30pm. Check the boxes below to specify which days you are consistently available.

Check all that apply: Monday Tuesday Wednesday Thursday Friday

Please indicate if you are able to start before 3:00pm. Yes No

Please check the position(s) you are applying for:

Elementary School – Afterschool Action 330

- Site Coordinator
- Assistant Site Coordinator
- Program Aide
- Group Leader

Intermediate School- Afterschool Action 300

- Site Coordinator
- Assistant Site Coordinator
- Program Aide
- Group Leader

I wish to be contacted if any additional Out of School Time Programs become available. Yes No

Education:

Circle last year of schooling completed 9 10 11 12 13 14 15 16

High School:

School _____ Diploma: Yes No In Progress

College:

School _____ Degree: Yes No In Progress

Dates Attended _____ Course of Study _____

List any previous experience, training or special skills that you possess that qualify you for this position.

References: Accepted references are employers, teacher, coach, etc. Please do not list friends or family.

<u>Relation to Applicant And/or Previous Employer</u>	<u>Name</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

Employment History: Please list your previous places of employment.

<u>Employer</u>	<u>Supervisor</u>	<u>Phone</u>	<u>Dates of Employment</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Criminal Background:

Have you ever pled guilty, or no contest to or been convicted of an ordinance violation (other than minor traffic violations), misdemeanor, or felony? ___Yes ___No

If yes, please explain _____

Is any criminal charge or investigation pending against you in any jurisdiction? ___Yes ___No

If yes, please explain _____

Applicant's Statement

By signing below, I certify that the answers given by me to the foregoing questions and/or statements are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the Application for Employment, or any other document, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that the School District of West Allis-West Milwaukee shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me on this Application for Employment or any other document.

I hereby grant permission to the School District of West Allis-West Milwaukee to investigate any of the information included in this application. I also authorize the companies, schools, or persons named to give any information, transcripts, records, or documents requested regarding my work experience, educational background, personal reference, conviction record, character or qualifications, personal or otherwise. I hereby release said companies, schools or persons from all liability for any damage that may result from furnishing this information to the district.

I also understand that I may be required to undergo a post-conditional employment offer physical examination, which may include drug and/or alcohol tests, and hereby authorize the release of the results of such physical examination and drug and/or alcohol tests to the School District of West Allis-West Milwaukee. I understand and release the School District of West Allis-West Milwaukee from any and all liability with respect to such examinations and tests, and hold the district harmless for any decision made by the district in this respect.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance the Immigration Reform and Control Act of 1986.

I agree to conform to the rules, regulations and policies of the School District of West Allis-West Milwaukee. I fully understand and agree that filling out this Application for Employment does not obligate the district to offer me a job, nor does it obligate me to accept a job with the district.

Print Name _____ *Date of Birth _____

Signed _____ Date _____

*This information can only be used to conduct background checks.

**Application must be handed in yearly.
Return to WAWM RCS Department, 1205 S. 70th Street, West Allis, WI 53214**