



Return to:
 New Richmond Community Education
 Attn: Sara Rogers
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 Mailing: 701 E 11th Street
 New Richmond, WI 54017
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Application

<u>Notes:</u>	<u>(For office use only)</u>	<u>Site/staff member/times:</u>

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Present street address: _____

City: _____ State: _____ Zip: _____

In case of emergency contact: _____ Phone: _____

REFERENCES: Please list three personal or professional references.

NAME	ADDRESS	POSITION	PHONE

EDUCATION:	Name and Location of School	Dates of Attendance
High School		
Vocational		
Other		

Do you fulfill STEP eligibility requirements: age 62 or over, receive Social Security, and own primary residence in the New Richmond Area School District (NRSD)? **Yes** **No**

Have you been convicted of any felony, misdemeanor or other offense, (other than minor traffic violations), or do you have such a charge pending? **Yes** **No**

(If yes, please attach a document that describes the facts of such a conviction/charge. A criminal record does not constitute automatic bar from employment but will be considered only as it relates to the job in question.)

My signature below certifies that the above information and attachments are true and accurate to the best of my knowledge.

I understand that employment depends upon a suitable position being available and that a specific assignment can be made only after an interview with appropriate staff.

Signature of Applicant _____

My career/work experience: _____

I am available (circle all that apply):

MONTHS: September October November December January February March April May June

Times/Days	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

School(s) where I would be willing to work (check all that apply):

- ___ Starr Elementary K-5, 967 South Starr Avenue
- ___ Paperjack Elementary K-5, 1011 East Eleventh Street
- ___ Hillside Elementary K-5, 635 E Richmond Way
- ___ Middle School 6-8, 920 Riley Avenue
- ___ High School 9-12, 650 E Richmond Way
- ___ District Office Administration, 837 E 11th Street

Look over the areas listed below and **check** those in which you can be of assistance:

Assist student(s) with:

- ___ Computers
- ___ Math
- ___ Reading
- ___ Spelling
- ___ Science
- ___ Business/marketing
- ___ Family and consumer education
- ___ Keyboarding
- ___ Writing
- ___ Handwriting
- ___ Music
- ___ Art
- ___ Physical education
- ___ Technical education
- ___ Foreign language
- ___ Social studies
- ___ English as a Second Language

Assist in Special Education:

- ___ Reinforce concepts
- ___ Help develop motor skills

Computer Skills (ex: Microsoft Word, spreadsheets, etc.)

Assist with:

- ___ Productions
- ___ Sports
- ___ Destination Imagination
- ___ Mock Trial
- ___ Peer Mediation
- ___ School publications

Assist in /with:

- ___ Library
- ___ Health Services
- ___ Telephone
- ___ Duplicating papers
- ___ Filing papers
- ___ Correcting papers
- ___ Preparing bulletin boards
- ___ Cooking
- ___ Sewing
- ___ Chaperoning
- ___ Making props for plays
- ___ Discussing careers, training, school selection

Other talents, hobbies, interests or skills I would like to share: _____

Explain why you want to work in the New Richmond School System?

(If you need more space, attach another sheet)

SCHOOL DISTRICT OF NEW RICHMOND

701 E Eleventh Street
New Richmond, Wisconsin 54017

Please fill out this form completely as the information will be used for a criminal background check. Background check must satisfactorily be completed prior to the start of service.

NAME _____
(Last) (First) (Middle)

PREVIOUS NAMES _____

HOME ADDRESS _____
(Street/Box) (City) (State) (Zip)

SOCIAL SECURITY NUMBER ____/____/____ BIRTH DATE ____/____/____
(Home) (Month) (Day) (Year)

TELEPHONE NO. _____ Male Female
(Home) (Cell)

RACE (optional) American Indian Asian Black Hispanic White

Emergency Contact _____
(Name) (Phone number)

In what capacity will you be employed in the School District of New Richmond? (check one)

- | | |
|--|--|
| <input type="checkbox"/> Substitute | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Contract for Service | <input type="checkbox"/> Student Teacher |
| <input type="checkbox"/> Community Education Instructor | <input checked="" type="checkbox"/> STEP |
| <input type="checkbox"/> Community Education Volunteer/Coach | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Summer School | |

Authorization and Release Statement

I hereby authorize the School District of New Richmond to investigate my character and background, and release all person whomsoever from any liability because of furnishing said information.

Signature _____ Date _____
