

**SCHOOL DISTRICT OF SUPERIOR
EXTRA-CURRICULAR/CO-CURRICULAR STAFF APPLICATION**

Return to: Human Resource Department
3025 Tower Avenue
Superior, WI 54880
715-394-8712

Date: _____

PLEASE TYPE OR PRINT

List posting number and job title you are applying for:

<i>Posting #</i>	<i>Job Title</i>

PERSONAL DATA

NAME: (Last) (First) (Middle)

SOCIAL SECURITY# _____

ADDRESS: (Street Number/Post Office Box)

TELEPHONE# HOME _____

CITY STATE ZIP

TELEPHONE# CELL _____

EMAIL ADDRESS _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Years	Degree/Date	Major/Minor
Graduate				
University/College				
High School				
Other				

Have you ever worked for the School District of Superior before? YES NO

If so, when and in what capacity? _____

Have you ever been convicted of or do you presently have pending any violations of law other than minor traffic accidents?

Yes No If yes, explain: _____

(In accordance with State Law, pending charges or convictions will not be used or considered unless the charges are substantially related to circumstances of a particular job).

Coaching/Advisor Experience*

Employer:	Job Title:	
City/State:	Phone:	Supervisor:
Dates Employed: From: To:	Reason for leaving:	
Explain your duties:		

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City/State:	Phone:	Supervisor:
Dates Employed: From: To:	Reason for leaving:	
Explain your duties:		

*If more space is needed, please attach another paper.

REFERENCES

1. _____

Name	Address	Telephone
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2. _____

Name	Address	Telephone
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3. _____

Name	Address	Telephone
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The School District of Superior is an Equal Opportunity Employer. Every school district in Wisconsin is required to report staff data by race and ethnicity categories that are set by the Federal government.

Please answer ALL questions.

1. Are you Hispanic or Latino? (*Select only one*) ____ No, not Hispanic or Latino ____ Yes, Hispanic or Latino
2. Select all of the following categories that apply to you: (*You must select at least one of the following*)

____ American Indian	____ Asian	____ Black or African American
____ Native Hawaiian or Other Pacific Islander	____ White	
3. ____ Male ____ Female
4. ____ Person with Disability

Your signature affirms that all the information on this application is true to the best of your knowledge. I agree and understand that any false statement, misstatement or omissions may be cause for disqualifications.

SIGNATURE OF APPLICANT

DATE

School District of Superior
 May, 1993
 Revised: September, 2012