

ROSENDALE-BRANDON SCHOOL DISTRICT

CLINICAL / STUDENT TEACHER

Teacher this applicant will be working with _____

Date range applicant will be working with this Teacher _____

Full Name _____
(Last) (AKA/Maiden) (First) (M.I.)

Address _____

Mailing Address _____

Email Address _____

Home Phone _____ Cell _____ Work _____

Social Security Number _____ D.O.B. _____

RESIDENTIAL HISTORY SINCE AGE 18

House #/Street	City	State/Zip Code	County	How long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of a violation of law, including misdemeanors, other than a minor traffic violation?

Yes ____ No ____ If yes, please explain. _____

Are any criminal charges or proceedings pending against you? Yes ____ No ____ If yes, please explain.

My signature below authorizes the Rosendale-Brandon School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references professional references and other appropriate sources. I waive my right to access any such information, and without limitation hereby release the Rosendale-Brandon School District and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the Rosendale-Brandon School District.

- ***According to Wis. Statute 118.25 schools are required to have staff show proof of their ability to perform their assigned job responsibilities both for their safety and also for the safety of their charges. A portion of this responsibility includes a recent TB (tuberculin) test or a chest x-ray to verify their communicable disease status. Clinical/Student Teachers must provide documentation indicating TB test results within 90 days prior to employment. TB skin testing is offered through the Rosendale-Brandon School District and the Fond du Lac County Health Dept.***

Signature _____ ***Date*** _____