



WEST BEND-MALLARD COMMUNITY SCHOOL DISTRICT



Administration

Amanda Schmidt – Superintendent
Brian Rodemeyer – Elem. Principal
Paul Peppmeier – MS/HS Principal
Tyson Wirtz – Athletic Director
Crystal Eggers – Business Manager

300 3rd Ave SW
PO Box 247
West Bend, IA 50597
Phone - 515-887-7821
Fax - 1-866-206-3655

Board of Education

John Zaugg - President
Dave Bruellman – Vice President
Jillian Hansen Chris Montag
Nicole Myer Dawn Schmidt
Todd Thilges

WOLVERINES

SUPPORT STAFF APPLICATION

Application for: _____ Position

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security No: _____

Address: _____

Phone: _____

Email: _____

Military Service/Branch? _____ Date of Service: _____ Type of Discharge: _____

(Check one):

Are you eligible to work in the United States? Yes No

Are you available full time? Yes No

Are you willing to consider less than full time? Yes No

Are you on a sex offender registry? Yes No

Are you on the Department of Human Services child abuse registry? Yes No

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? Yes No

Please provide date, incident, city/state of charge: _____

Responding “yes” to any of the previous questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered.

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position? Yes No

If no, explain: _____

High School attended: _____ Location: _____

Education

College	Location	Degree & Major/Minor	Graduation Yes/No/Date	Number of Hours Beyond Highest Degree

Employment References

Employer: _____

Employer's Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

Employer: _____

Employer's Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

Employer: _____

Employer's Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

References

Name	Reference's Employer & Address	Position	Home Phone	Work Phone

Application Verification

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminated-at-will.

Signature: _____ Date: _____ S__

Complete this application form. Print and send it along with letter of application, résumé, and credentials to:

Superintendent
West Bend-Mallard CSD
PO Box 247
West Bend, IA 50597
EOE/AA