



**Winneconne Community School District**

Business Office (920) 582-5802

PO Box 5000

Winneconne, WI 54986

**SUPPORT STAFF APPLICATION**

<b>Name:</b>	Last	First	Middle Initial
<b>Address:</b>	Street	PO Box	City State Zip
<b>Email Address:</b>			
<b>Telephone Number(s):</b>		<b>Best time to call:</b>	
<b>Position(s) Applied For:</b>			<b>Pay Expected:</b>

Date available for employment in this school district \_\_\_\_\_

**EDUCATION AND TRAINING**

Name and Location	Course of Study	# of Years Completed	Degree or Diploma
<b>College:</b>			
<b>Technical School:</b>			
<b>High School:</b>			

**EMPLOYMENT**

(Begin with most recent Employer)

<sup>(1)</sup> Company Name: _____ Address: _____ Job Title: _____ Supervisor: _____ Responsibilities: _____ Reason for Leaving: _____	Phone: _____ Employed From: _____ Employed Until: _____ Hourly Pay Rate: _____
<sup>(2)</sup> Company Name: _____ Address: _____ Job Title: _____ Supervisor: _____ Responsibilities: _____ Reason for Leaving: _____	Phone: _____ Employed From: _____ Employed Until: _____ Hourly Pay Rate: _____
<sup>(3)</sup> Company Name: _____ Address: _____ Job Title: _____ Supervisor: _____ Responsibilities: _____ Reason for Leaving: _____	Phone: _____ Employed From: _____ Employed Until: _____ Hourly Pay Rate: _____

