

**WINDSOR SOUTHEAST SUPERVISORY UNION  
Hartland – Weathersfield – West Windsor - Windsor**

**105 Main ST, Suite 200, Windsor, VT 05089  
802-674-2144, ext. 107**

**APPLICATION (Custodians, Secretaries/Clerks/Aides, Substitutes)**

POSITION BEING APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

WHEN WOULD YOU BE AVAILABLE FOR WORK: \_\_\_\_\_

**PERSON TO NOTIFY  
IN CASE OF EMERGENCY**

NAME OF APPLICANT: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Rate of Pay Expected \_\_\_\_\_

Would you work full time \_\_\_\_\_

Would you work part time \_\_\_\_\_

Days \_\_\_\_\_ Hours \_\_\_\_\_

Can you, if selected for employment, submit a birth certificate and/or other proof of age?

If no, please explain:

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable a check of your prior employment and/or records?

If yes, please explain:

Have you ever been convicted of any crime other than a minor traffic violation? \_\_\_ If yes, state where, when and disposition of case

Please describe any special experience, skills, or qualifications which you feel would especially fit you for work with the District \_\_\_\_\_

***“THE WINDSOR SOUTHEAST SUPERVISORY UNION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN OR DISABILITIES.”***

**RECORD OF EMPLOYMENT**

(Begin with current or most recent employment)

Name & Address of Employer	From:	To:	Position	Start	Finish	Reason for Leaving
	Mo/Yr	Mo/Yr		Salary	Salary	

**RECORD OF EDUCATION**

Name & Address of School Of Study	Course	Dates Attended		Last Year	Degree/
		From	To	Completed	Graduate Diploma
High:					
College:					
Other:					

**REFERENCES**

1. List three individuals qualified to give information noting your capabilities for the position you seek. Please know we may also contact other individuals who we feel may have pertinent information.

<u>Name</u>	<u>Position and Telephone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

2. **In addition to the above references, submit or forward 3 current letters of reference.**

**PRIOR TO BEING HIRED FOR A POSTION, APPLICANTS MUST PROVIDE**

**Completed Criminal Offender Record Information Form**

An offer of employment may be conditioned on the results of a medical examination conducted solely for the purpose of determining whether the applicant is capable of performing the essential functions of the position.

*I certify that the above information is correct* \_\_\_\_\_  
*I understand that any misstatement or omission* Type or Print Name  
*of a material fact in this application may be* \_\_\_\_\_  
*cause for rejection of this application or my* Signature  
*dismissal from employment.* \_\_\_\_\_  
Date

**INTERVIEWER'S COMMENTS**

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The Windsor Southeast Supervisory Union has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following to help us meet the requirements.

1. Were you ever known by any other name? If yes, please list the name(s) below.

Yes  No

I understand that if I am employed by the Windsor Southeast Supervisory Union, I will be required to submit to a state and national criminal history records check within a period of 90 days from my date of employment. I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Windsor Southeast Supervisory Union Board of Directors, the Board may immediately terminate my contract of employment as an employee.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies and academic institutions to supply any information regarding my background to the Windsor Southeast Supervisory Union Board of Directors and to its agents and employees from any liability from supplying and use of such information.

I certify that I have made true, correct, and complete answers and statements on this application for employment and I understand that any omission, falsely 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 by the school district.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION:**

I hereby authorize my current and former employers, their representatives, and employees, individuals designated by me as references and educational institutions attended by me. To release to the Windsor Southeast Supervisory Union School Board or its designated representative, any information regarding my academic record, my current and former employment, and my qualifications for the position. I waive and release the Windsor Southeast Supervisory Union Board of Education or its designated representative from any claims or actions which might arise from professional reference checks.

\_\_\_\_\_  
Signature of applicant attesting to accuracy of  
all data provided and also authorizing release of information.

\_\_\_\_\_  
Date