

WALWORTH COUNTY APPLICATION FOR EMPLOYMENT

LAKELAND SCHOOL

All substitute teachers and substitute teacher's aides for the Walworth County CDEB (Lakeland School) must have all the proper paperwork completed and on file with Walworth County prior to being paid through payroll for any hours worked. The following instructions have been created to ensure that all forms are properly completed as to not delay payments for time worked.

Walworth County Application for Employment. Please complete all five (5) sections and read/initial next to the statements located at the bottom of page 2. Make sure to sign/date at the bottom of page 2.

Employment Eligibility Verification (Form I-9). Employee must complete section 1, making sure to mark one box under "I attest, under penalty of perjury, that I am...". Section 2 of the form must be completed by an authorized agent for Walworth County, Lakeland School. Please present this authorized agent with the required unexpired documents (list of acceptable documents immediately follows Form I-9 in this packet). If mailing in your application packet, please include a copy of these documents with your application packet.

Federal Form W-4: Employee's Withholding Allowance Certificate. Please make sure to mark one of the boxes in section 3. In line 5, indicate the number of allowances you are entitled to or less. Be sure to sign/date at the bottom.

Wisconsin Form WT-4: Employee's Wisconsin Withholding Exemption Certificate. This form is for Wisconsin residents only. Please complete the employee section and sign/date. (Illinois residents: please contact our office for an Illinois Form IL-W-4 or obtain one from the Illinois Department of Revenue's website.)

ETF Rehired Annuitant Form. Please complete top section, box 1 or 2 (depending on your individual situation), and sign/date at the bottom.

Walworth County Payroll Direct Deposit Authorization form.

Please provide a voided check. Please note that it takes approximately three weeks (two pay cycles) before direct deposit begins. Walworth County pays every two weeks (on a Friday). In the event you receive a live, paper check it will be mailed to you on the pay date.

If you have any questions on any of these forms, please contact the Lakeland School Business Office Manager, at (262) 741-4111.

Once all forms have been completed, please return the completed application packet to:

Lakeland School of Walworth County
Attn: Business Office Supervisor
W3905 County Rd NN
Elkhorn, WI 53121

Please note that it can take several weeks for your application packet to be processed by Human Resources once it is received. Your timely return of this packet will help to ensure timely payment to you.

WALWORTH COUNTY APPLICATION FOR EMPLOYMENT Substitute Teacher

Walworth County is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, or the presence of any physical or mental medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given complete consideration, but its receipt does not imply that the applicant will be employed.

I. PERSONAL DATA

NAME	SOCIAL SECURITY NUMBER
ADDRESS	DAYTIME PHONE
CITY, STATE, ZIP	EVENING PHONE

II. EMPLOYMENT HISTORY FOR LAST THREE (3) EMPLOYERS

COMPANY NAME	JOB TITLE & DUTIES
PHONE ()	DATES OF EMPLOYMENT From _____ To _____
ADDRESS	
CITY, STATE, ZIP	REASON FOR LEAVING
SUPERVISOR	DID YOU LEAVE VOLUNTARILY? Yes _____ No _____
NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT	HOURLY RATE Start _____ Last _____
	AVERAGE NUMBER OF HRS/WEEK WORKED _____
COMPANY NAME	JOB TITLE & DUTIES
PHONE ()	DATES OF EMPLOYMENT From _____ To _____
ADDRESS	
CITY, STATE, ZIP	REASON FOR LEAVING
SUPERVISOR	DID YOU LEAVE VOLUNTARILY? Yes _____ No _____
NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT	HOURLY RATE Start _____ Last _____
	AVERAGE NUMBER OF HRS/WEEK WORKED _____
COMPANY NAME	JOB TITLE & DUTIES
PHONE ()	DATES OF EMPLOYMENT From _____ To _____
ADDRESS	
CITY, STATE, ZIP	REASON FOR LEAVING
SUPERVISOR	DID YOU LEAVE VOLUNTARILY? Yes _____ No _____
NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT	HOURLY RATE Start _____ Last _____
	AVERAGE NUMBER OF HRS/WEEK WORKED _____

III. TEACHER CERTIFICATION – (Please include copy)

Areas of Certification Subject/Grade	State Issuing License	Expires	Wisconsin DPI Code #

IV. EDUCATIONAL PREPARATION AND TRAINING

College or University Education (Most recent first):

Name & Location of School	Degree	GPA	Grade Point Scale	Major(s)	Minor(s)

V. PROFESSIONAL/EDUCATIONAL EXPERIENCE

List most recent first. Please match experience #1 with reference #1. Please attach an additional sheet if more space is needed for professional experience.

EXPERIENCE UNDER CONTRACT					
Dates From/To	District	State	Grade Level or Subject	Position	Reason for Leaving
1.					
2.					
3.					
4.					
REFERENCES					
	Name		Title		Telephone
1.					
2.					
3.					
4.					

IMPORTANT
Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I attest that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered after hire. I agree to immediately notify Walworth County if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired. _____ **Initials**

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide Walworth County with relevant information and opinion that may be useful to the County in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements. _____ **Initials**

I understand that if my employment is terminated by Walworth County for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with Walworth County. _____ **Initials**

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM. _____ **Initials**

Signed _____ Date _____