

**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.)

Present Mailing Address _____

Permanent Mailing Address _____

Telephone Numbers
Present () _____ 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 volunteer position. 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 of access to 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 form, or any supplement to it will be sufficient grounds for failure to deny you as a volunteer in the Rosendale-Brandon School District.

Date _____ Signature _____

According to Wis. Statute 118.28 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. New staff members must provide documentation indicating TB test results within 90 days of employment - substitutes or volunteer staff within the current school year.

TB skin testing is offered through the Rosendale-Brandon School District and the Fond du Lac County Health Dept.