

Cameron School District

PO Box 378
Cameron, WI 54822-0378
www.cameron.k12.wi.us

Joseph Leschisin

District Administrator
715-458-5600
jleschisin@cameron.k12.wi.us

John Meznarich

High School Principal
715-458-5900
jmeznarich@cameron.k12.wi.us

Hans Schmidt

Middle School Principal
715-458-5810
hschmidt@cameron.k12.wi.us

Cory Martens

Elementary School Principal
715-458-5710
cmartens@cameron.k12.wi.us



*The School District of Cameron
does not discriminate on the
basis of race, color, national
origin, age, gender, or disability.*

APPLICATION FOR EMPLOYMENT – SUBSTITUTE SUPPORT STAFF

GENERAL INFORMATION

Each item on this application is **important**. Please complete carefully and accurately.

Date of Application: _____

Last Name: _____ First Name: _____

Address/City/State _____

Telephone: _____ Alternate Telephone: _____

Date Available for Employment: _____

Position(s) for which you will substitute: _____

Have you filed an application with this school district in the last year? ____ Yes ____ No

EDUCATION AND TRAINING

Name of School	City, State	Course Completed
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Describe any other education or training (vocational, business, apprenticeships, correspondence courses, etc.)

PREVIOUS WORK EXPERIENCE

(List most recent first)

From Month/Year	To Month/Year	Full or Part Time	Name & Address of Employer	Position/Duties

REFERENCES

(Include your most recent supervisor)

Name:		Title:	
Address:		Telephone:	

Name:		Title:	
Address:		Telephone:	

Name:		Title:	
Address:		Telephone:	

PLEASE NOTE THE FOLLOWING:

- 1) Your application will be considered complete when it includes the items checked:

☐ Letter of Application
☐ Resume
☐ Completed Application Form

This application shall be on file in the district for one year from date of application.

- 2) Do you have a relative currently employed by the School District of Cameron in a supervisor's position?

☐ Yes If yes, please indicate the name of the individual and your relationship to the person:
☐ No _____

- 3) If you are recommended for employment, a criminal background check must be satisfactorily completed before you will be hired.

- 4) I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the School District of Cameron to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or governmental agency to disclose to the School District of Cameron any information they may have regarding me. In consideration of the school district's review of this application, I hereby release the District as well as all providers of information from any liability and for any damage that may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signature of Applicant: _____ Date: _____

SEND APPLICATION TO:

SCHOOL DISTRICT OF CAMERON
ADMINISTRATION OFFICE
700 S. FIRST STREET
P.O. BOX 378
CAMERON, WI 54822

The School District of Cameron is an Equal Opportunity Employer.