

# School District Of Weyauwega-Fremont

410 E. Ann Street, P.O. Box 580  
 Weyauwega, WI 54983-0580  
 Phone: (920) 867-8800  
 Fax: (920) 867-8815

## APPLICATION FOR SENIOR TAX EXCHANGE PROGRAM (S.T.E.P.) PERSONAL DATA

| <b>Last Name:</b>   |              | <b>First Name:</b>                          |            | <b>Middle Initial:</b> |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
|---|--------------|---|------------|------------------------|-------------------|--------------|--------------|--------------------------------------|-------|-------|-------------------------------------|-------|-------|-----------------------------------|-------|-------|------------------------------------|-------|-------|-------------------------------------|-------|-------|--------------------------------|-------|-------|
|   |              |   |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <b>Street</b>   | <b>City</b>  | <b>State</b>                                | <b>Zip</b> | <b>Phone Number</b>    |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
|   |              |   |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <b>Street</b>   | <b>City</b>  | <b>State</b>                                | <b>Zip</b> | <b>Phone Number</b>    |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <b>E-mail address (optional):</b>   |              | <b>In case of emergency contact:</b>        |            | <b>Phone Number:</b>   |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <b>Date of application:</b>   |              | <b>Position for which you are applying:</b> |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <p><b>Do you fulfill STEP eligibility requirements: age 62 or older, own primary residence in the School District of Weyauwega-Fremont and pay property taxes on these residences?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <b>Municipality:</b> _____</p>   |              |   |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <p><b>REFERENCES:</b> Please list three personal or professional references.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Name</th> <th style="width: 25%; text-align: center;">Address</th> <th style="width: 25%; text-align: center;">Phone Number</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>   |              |   |            |                        | Name              | Address      | Phone Number | _____                                | _____ | _____ | _____                               | _____ | _____ | _____                             | _____ | _____ |                                    |       |       |                                     |       |       |                                |       |       |
| Name  | Address      | Phone Number                                |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| _____   | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| _____   | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| _____   | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"><b>Education:</b></th> <th style="width: 40%; text-align: center;"><b>Major</b></th> <th style="width: 40%; text-align: center;"><b>Minor</b></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> High School</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Bachelor's</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Master's</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Doctorate</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Vocational</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> |              |   |            |                        | <b>Education:</b> | <b>Major</b> | <b>Minor</b> | <input type="checkbox"/> High School | _____ | _____ | <input type="checkbox"/> Bachelor's | _____ | _____ | <input type="checkbox"/> Master's | _____ | _____ | <input type="checkbox"/> Doctorate | _____ | _____ | <input type="checkbox"/> Vocational | _____ | _____ | <input type="checkbox"/> Other | _____ | _____ |
| <b>Education:</b>   | <b>Major</b> | <b>Minor</b>                                |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <input type="checkbox"/> High School  | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <input type="checkbox"/> Bachelor's   | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <input type="checkbox"/> Master's   | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <input type="checkbox"/> Doctorate  | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <input type="checkbox"/> Vocational   | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <input type="checkbox"/> Other  | _____        | _____                                       |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |
| <p><b>Can you, after employment, submit verification of your legal right to work in the United States?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>   |              |   |            |                        |                   |              |              |                                      |       |       |                                     |       |       |                                   |       |       |                                    |       |       |                                     |       |       |                                |       |       |

*The School District of Weyauwega-Fremont provisions of Title IX of the educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964 and does not discriminate on the basis of sex, age, creed, religion, disability, marital status, race, color, or natural origin, ancestry in its employment practices. Questions regarding compliance should be addressed to: Mr. Scott Bleck, District Administrator, School District of Weyauwega-Fremont.*

**My career/work experience:**

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**I am available (circle all that apply):**

MONTHS: September    October    November    December    January    February    March    April    May

DAYS/TIMES: Monday (morn, aft, evening)    Tuesday (morn, aft, evening)    Wednesday (morn, aft, evening)  
Thursday (morn, aft, evening)    Friday (morn, aft, evening)

**School(s) where I would be willing to work (check all that apply):**

- Weyauwega Elementary** (K-5, in Weyauwega)
- Fremont Elementary** (K-5, in Fremont)
- Weyauwega-Fremont Middle School** (Grades 6-8, in Weyauwega)
- Weyauwega-Fremont High School** (Grades 9-12, in Weyauwega)

Look over the areas listed below and **check** those in which you can be of assistance:

|   |   |
|---|---|
| <p><b>Assist student(s) with:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Computers</li><li><input type="checkbox"/> Math</li><li><input type="checkbox"/> Reading</li><li><input type="checkbox"/> Spelling</li><li><input type="checkbox"/> Science</li><li><input type="checkbox"/> Business/marketing</li><li><input type="checkbox"/> Family and consumer education</li><li><input type="checkbox"/> Keyboarding</li><li><input type="checkbox"/> Writing</li><li><input type="checkbox"/> Handwriting</li><li><input type="checkbox"/> Music</li><li><input type="checkbox"/> Art</li><li><input type="checkbox"/> Physical education</li><li><input type="checkbox"/> Technical education</li><li><input type="checkbox"/> Foreign language</li><li><input type="checkbox"/> Social studies</li><li><input type="checkbox"/> English as a Second Language</li><li><input type="checkbox"/> CASTLE</li></ul> <p><b>Assist in Special Education:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Reinforce concepts</li><li><input type="checkbox"/> Help develop motor skills</li></ul> | <p><b>Assist with:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Productions</li><li><input type="checkbox"/> Sports</li><li><input type="checkbox"/> Destination Imagination</li><li><input type="checkbox"/> School publications</li></ul> <p><b>Assist in /with:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Library</li><li><input type="checkbox"/> Health Services</li><li><input type="checkbox"/> Telephone</li><li><input type="checkbox"/> Duplicating papers</li><li><input type="checkbox"/> Filing papers</li><li><input type="checkbox"/> Correcting papers</li><li><input type="checkbox"/> Preparing bulletin boards</li><li><input type="checkbox"/> Cooking</li><li><input type="checkbox"/> Sewing</li><li><input type="checkbox"/> Chaperoning</li><li><input type="checkbox"/> Making props for plays</li><li><input type="checkbox"/> Discussing careers, training, school selection</li></ul> <p><b>Other talents, hobbies, interests or skills I would share:</b> _____</p> |
|---|---|

Explain why you want to work in the School District of Weyauwega-Fremont? (If you need more space, attach another sheet.)

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_