

School District of Eleva-Strum

(an equal opportunity employer)

Certified Employment Application

W23597 US Hwy 10

Strum, WI 54770

PLEASE TYPE OR PRINT LEGIBLY

POSITION FOR WHICH YOU ARE APPLYING				
DATE OF APPLICATION				
LAST NAME		FIRST NAME		MIDDLE NAME (or initial)
PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
STREET ADDRESS IN WHICH YOU WISH CORRESPONDENCE SENT		CITY	STATE	ZIP CODE TELEPHONE NUMBER
WHEN WILL YOU BE AVAILABLE? DATE: _____		ARE YOU UNDER CONTRACT? ____ NO ____ YES DATE: _____		EXPIRATION DATE OF CONTRACT? DATE: _____
HAVE YOU FILED AN APPLICATION WITH US BEFORE? ____ NO ____ YES DATE: _____		UNDER WHAT NAME? NAME? _____		

TEACHER CERTIFICATION

Grade/Subject	State Issuing Licenses	Expires Month/Year	Wisconsin DPI Code Number

PROFESSIONAL/EDUCATION EXPERIENCE

(List most recent first)

EXPERIENCE UNDER CONTRACT

Dates (monthly/year) From: To:	District	Grade Level Or Subject	Position	Reason for Leaving
REFERENCES (Name, Title, Telephone)				Last Salary
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REFERENCES (Name, Title, Telephone)				Last Salary

(attach additional sheets, if necessary)

HIGH SCHOOL NAME			LOCATION			
HIGH SCHOOL EXTRACURRICULAR ACTIVITIES						
COLLEGE OR UNIVERSITY EDUCATION (Most recent first)						
Name and Location of School	Dates Attended Mo./Yr.-Mo./Yr	Degree	Grade Avg.	Point Scale	Major(s)	Minor(s)
Number of Graduate Credits After Receiving Bachelor's Degree _____			Number of Graduate Credits After Receiving Masters Degree _____			
EXTRACURRICULAR ACTIVITIES:						
STUDENT TEACHING OR PRACTICUM EXPERIENCE (if less than 5 years experience)						
Date (month/year)		District		Grade/Subject Taught		
From	To					
REFERENCE (Name, Title, Telephone)						
1.						
2.						
3.						
OTHER WORK EXPERIENCE (list most recent first)						
Date (month/year)		Employer	Type of Work	Position	Reason for Leaving	
From	To					
(Attach additional sheets, if necessary)						
Have you ever been convicted of any crime, including any ordinance violation (excluding traffic violations resulting in fines of less than \$150)? _____ Yes _____ No						
Have you ever had a district start the non-renewal process for reasons other than those for a simple reduction of forces? _____ No _____ Yes If yes, please provide details, including dates and circumstances. _____						
Do you have any disability which might affect your ability to perform effectively in the position for which you are applying? _____ No _____ Yes If yes, what accommodations can the school provide to assist you? _____						
My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. I understand the district may be contacting any of the references cited, including police, court records, and DPI. I further understand that my misrepresentation of factual information contained herein may be cause for dismissal.						
Date: _____			Signature: _____			

The school of Eleva-Strum does not discriminate against persons on the basis of sex, race, national origins, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability, or handicapped in its education programs or activities. Federal law prohibits discrimination in employment on the basis of age, race, color, national origin, sex, or handicap.