

SCHOOL DISTRICT OF CRIVITZ

CERTIFIED EMPLOYMENT APPLICATION

SEND COMPLETED FORM TO:
DISTRICT OFFICE
400 SOUTH AVENUE
CRIVITZ, WI 54114

DATE _____

NAME _____
Last First Middle Maiden (if applicable)

POSITION(S) PREFERRED _____

EMAIL ADDRESS (REQUIRED) _____

CURRENT ADDRESS _____
Street City State Zip Telephone

PERMANENT ADDRESS _____
Street City State Zip DOB

LICENSES HELD (List subject _____
or area and code numbers) _____

Are you currently under contract? _____ If yes, explain _____

Date available for employment with us _____

Have you ever filed an application with this school district? _____ If so, when _____

- Have you ever been convicted or found guilty of a felony and/or a crime against children? ___yes ___no
If yes, Explain _____
- Are you a citizen of the United States? ___yes ___no

EDUCATION AND PROFESSIONAL TRAINING

HIGH SCHOOL _____
Name City & State

COLLEGE & UNIVERSITY (list most recent first)

SCHOOL & LOCATION	DATES ATTENDED	MAJOR(S)	MINORS(S)	DEGREE

Number of Graduate Credits
Beyond Bachelor's Degree _____

Number of Graduate Credits
Beyond Master's Degree _____

NOTE: A complete transcript of all undergraduate and graduate college work and a current license(s) must be placed on file in the District Office prior to the start of employment. It is the responsibility of the applicant to supply this information.

STUDENT TEACHING

SCHOOL & DISTRICT	LEVEL OR SUBJECT	COOPERATING TEACHER	ASSIGNMENT DATES

TEACHING EXPERIENCE
Total Years _____

SCHOOL & LOCATION	GRADE LEVEL OR SUBJECTS	DATES	# YEARS

Have you ever been nonrenewed or laid off? _____ If yes, explain _____

RELATED WORK EXPERIENCE
(List most recent first)

EMPLOYER & LOCATION	KIND OF WORK	DATES	REASON FOR LEAVING

RELATED INFORMATION

FOR ELEMENTARY SCHOOL APPLICANTS

Can you teach music? _____
Can you teach art? _____
Can you play piano? _____
List courses in teaching of reading

FOR ALL APPLICANTS

List activities or sports you might supervise, sponsor or assist

Honors, scholarships or other awards you have received _____

A copy of my transcript and credentials will be forwarded from _____
under the name of _____

REFERENCES

Personal references regarding preparation, training & experience (preferably superintendents, principals, supervisors)

NAME	ADDRESS	POSITION	TELEPHONE

If you are recommended for employment a criminal background check and physical entrance examination must be satisfactorily completed before you will be hired.

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 Crivitz 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 Crivitz 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 which 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

The School District of Crivitz is an equal opportunity employer. This school district does not discriminate on the basis of race, religion, political affiliation, disability, sex or sexual orientation, age national origin, citizenship, handicap, marital status, ancestry, color or any other reason prohibited by state or federal law. Employees of this District are required to comply with the provisions of Title VI of the Civil Rights Act and Title IX of the 1972 Educational Amendments. For additional information on the nondiscrimination policy and/or complaint procedure, contact the District Administrator at 715-854-2721.

An opportunity will be available during the selection process for persons with disabilities to advise the District of any need for reasonable accommodation.

Send application and materials to: **School District of Crivitz
District Office
400 South Avenue
Crivitz, WI 54114**

OFFICE USE ONLY

Interview Date(s) _____
Interviewer _____
Grade/Subject _____

APPLICATION MATERIALS RECEIVED

Transcripts _____ Date _____
P.R.F. (2) _____ Date _____
License _____ Date _____
Resume _____ Date _____
Completed Application _____ Date _____

Please answer the following questions:

What do you enjoy most about teaching? _____

How can you get students to be excited about learning? _____

Please describe an outstanding teacher _____

When students say they want their teacher to be fair, what do you think they mean? _____

Would you rather try a lot of non-typical teaching strategies or would you rather try to perfect the approaches which work best for you? Please explain...

What do you enjoy most about listening to people? _____

What new ideas would you like to initiate in your classroom? _____
