

PARKVIEW SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT (TEACHER)

Position Applying for:	Social Security Number	Name (Last, First, Middle)
	Telephone Number ()	Mailing Address

EDUCATIONAL AND PROFESSIONAL TRAINING

(Chronological – Most recent first)

College or University	Location	Start Date	Graduation Date	Degree	Major	Credits	Minor	Credits

TEACHING EXPERIENCE

(Chronological - Most recent first)

From Month/Year	To Month/Year	School District And Central Office Address	Name of School, Immediate Supervisor and Telephone Number	Subjects Taught	Full-time or Part-time %

From Month/Year	To Month/Year	Number Months	Title of Position:	Starting Salary:
				Final Salary:
Name of Employer:			Duties:	
Address:				
Name and Title of Supervisor:			Reason for Leaving:	
Telephone Number:				
From Month/Year	To Month/Year	Number Months	Title of Position:	Starting Salary:
				Final Salary:
Name of Employer:			Duties:	
Address:				
Name and Title of Supervisor:			Reason for Leaving:	
Telephone Number:				
From Month/Year	To Month/Year	Number Months	Title of Position:	Starting Salary:
				Final Salary:
Name of Employer:			Duties:	
Address:				
Name and Title of Supervisor:			Reason for Leaving:	
Telephone Number:				

PERSONAL BACKGROUND: Include any experience or talent which you believe will contribute to your success as a teacher, such as: scholastic distinctions, publications, travel, community service or activities, musical, literary, artistic, foreign language skills, public speaking, and athletic achievement.

Please list the name of three individuals, not previously listed,
who know of your work and qualifications.

References			
Name:	Title:		
Organization:	Telephone Number:		
Address: (Street)	(City)	(State)	(Zip)
<hr/>			
Name:	Title:		
Organization:	Telephone Number:		
Address: (Street)	(City)	(State)	(Zip)
<hr/>			
Name:	Title:		
Organization:	Telephone Number:		
Address: (Street)	(City)	(State)	(Zip)

Wisconsin Certification:

Do you hold Wisconsin license(s) issued by the Department of Public Instruction: Yes_____ No

Use Wisconsin DPL License Code Number

Type of License_____ Issue Date_____ Expiration Date

Type of License_____ Issue Date_____ Expiration Date

Type of License_____ Issue Date_____ Expiration Date

If you have been issued a certificate in another state(s), please submit a photocopy.

State Date_____ Expiration Date_____ Certification/Endorsements _____

State Date_____ Expiration Date_____ Certification/Endorsements _____

State Date_____ Expiration Date_____ Certification/Endorsements _____

Have you ever been convicted of a felony or misdemeanor? Yes_____ No

(If "Yes," please provide an explanation in an attachment statement.)

****A conviction will not be an automatic bar to employment and will be considered only as it relates to the job in question.**

Have you ever paid a civil forfeiture or fine for a non traffic-related offense (including municipal ordinance violations)? Yes_____ No_____.

(If "Yes", please provide an explanation in an attached statement.)

****Payment of a civil forfeiture or fine will not be an automatic bar to employment and will be considered only as it relates to the job in question.****

Do you have any charge(s) pending against you? Yes_____ No_____. (If "Yes", please provide an explanation in an attached statement.)

****A pending charge or arrest is not an automatic bar to employment and will be considered only as it relates to the job in question.**

