

School District of Horicon Horicon, Wisconsin

Certified Professional Employment Application

Date _____

Send Completed Application to:

School District of Horicon
611 Mill St.
Horicon, Wisconsin 53032

If you require accommodation for any handicapping or disabling condition in the application and/or interview process, please inform us.

Name _____
Last
First
Middle

Address _____
Street
City
State
Zip
Phone

e-mail address _____ Name & Phone # of a person we can call if we are unable to reach you _____

Present Phone (if different from above) _____
Name
Phone

On the reverse side of this sheet, list a complete residential history since High School. (cities of resident)

Teacher Certification

Subject Area/Grade Level <small>(Example) Elementary, Grades 1-6</small>	Expiration Date	Wisconsin DPI Code Number

Educational Background

Degree	Name and Location	GPA	Major	Minor
Bachelor's				
Bachelor's				
Master's				
Doctorate				
Other				
Other				

College or University Education (Most Recent First)

Content licensing test taken Yes ___ No ___ Area of content test _____

Bilingual or ESL certification _____ Number of graduate credits beyond degree obtained _____

Employment History (List in order with present or last employer first)

Employer	Dates	Nature of Position	Rate of Pay	Reason for Leaving

It is the policy of the School District of Horicon that no person shall be discriminated against on the basis of sex, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, handicap or physical, mental, emotional or learning disability.

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Directions: Please answer each of the following questions as best you can. The space provided should be adequate, but if more space is needed please attach additional pages. Please write or type your response. You may format this page for word processing.

1. What do you want to accomplish as a teacher?

2. How will(do) you go about finding about students' attitudes and feelings about your class?

3. An experienced teacher offers you the following advice: "When you are teaching, be sure to command the respect of your students immediately and all will go well." How do you feel about this?

4. Do you teach the way that you were taught? Why or Why not?

5. What do you think will (does) provide you the greatest pleasure in teaching?

6. When you have some free time, what do you enjoy doing most?

7. How do you go about finding out what students are good at?

8. Do you like to teach with an overall plan in mind for the year, or would you rather just teach some interesting things and let the process determine the results? Explain your position.

9. Which of the following is most important and why? Curriculum, Instruction or Assessment.

10. If there were absolutely no restrictions placed upon you, what would you most like to do in life?

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Horicon, Wisconsin

Student Teaching/Practicum Experience

Dates From / To	District Name and Location	Grades/Subject Taught

References

For reference purposes only, please complete the following information.

Social Security Number _____ Place of Birth _____
City _____ State _____

Driver's License Number _____

May we contact your current supervisor and any references or individuals associated with your current employer?

Check One: Yes No

If no, please indicate why.

Please indicate an immediate supervisor. Home phone numbers assist us in making timely reference checks.

Name	Company	Position
Address	City	State
Home Phone	Work Phone	

Name	Company	Position
Address	City	State
Home Phone	Work Phone	

Name	Company	Position
Address	City	State
Home Phone	Work Phone	

Name	Company	Position
Address	City	State
Home Phone	Work Phone	

Certification of Truthfulness

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Candidate's Signature

Date

Authorization and Release

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents, and any person contacted as a reference to release any and all information concerning my former employment to this prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of the School District of Horicon. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. In addition, I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents, and any person contacted as a reference from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment with the officer, employee or agent disclosing such facts which are known to be true.

Candidate's Signature

Date

Wisconsin Statute (118.25) requires a physical examination including x-ray or tuberculin test. If offered a position would you agree to have such an examination? Yes _____ No _____

Do you have any reason to believe you would not pass such an examination? _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

Yes _____ No _____

Proof of citizenship or immigration status will be required upon employment.

Have you ever been found guilty of or do you presently have pending any violations of law other than minor traffic violations? (In accordance with State law pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.) Yes _____ No _____ If yes, please explain:

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This application will be kept active for one year. Please inform us in writing of changes or a desire to keep your file active.

APPLICANT CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

Applicants are required to provide information about any conviction records or pending charges. This information will be retained in your application file which is **confidential**. Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job.

NAME (Last, First MI)	DATE OF BIRTH (Month/Day/Year)	SOCIAL SECURITY NUMBER
STREET ADDRESS		CITY, STATE, ZIP CODE
FORMER NAME (if applicable)	DAY PHONE:	EVENING PHONE:

1. Do you have criminal charges pending against you? ... YES ... NO
2. Have you been convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ... YES ... NO

If you answered "YES" to any of the above questions, please indicate: (Attach additional pages if necessary)

The nature of the offense	
Date of offense	Date of conviction
Name and location of court	
Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension).	

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Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension).	

I state that all the information is true and complete to the best of my knowledge and I understand that any falsification or omission of information may disqualify me for this position. By signing this form, I authorize the Department to conduct a background check and verify the information provided above.

APPLICANT SIGNATURE	DATE SIGNED
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