

APPLICATION FOR EMPLOYMENT
DROUGHT SCHOOL
21016 W. 7 MILE RD.
FRANKSVILLE, WI 53126

It is the policy of the School District of Norway Jt. 7 not to discriminate on the basis of race, color, national origin, sex, age, or handicap in its education programs or activities as required by Title IX of the 1972 Education Amendments and Section 504 of the Rehabilitation Act of 1973.

Date: _____

Personal Information

Last Name	First Name	Middle Initial	Sex	Social Security Number
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Address	City	State	Zip	Phone Number
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Permanent Address	City	State	Zip	Phone Number
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Have you ever been convicted of a crime? Yes No
 If yes, please include dates and locations in explanation below:

Have you ever been interviewed by a representative of our school? Yes No

If yes, when and for what position? _____

Educational and Professional Training

Are you a graduate of a four year accredited college or university? Yes: _____ If No, when will you graduate? _____
 (Name of college/University)

Do you possess a Bachelor's Degree? Yes: _____ No
 (Field of Degree)

Are you currently under contract? Yes No If Yes, expiration date: _____

Wisconsin Certification(s) held: _____ Exp.date(s): _____

Please list on the back any other training that you feel is an asset to the position you are applying for. Include name and location of institution(s), dates, and credit hours.

Teaching Experience

Briefly describe your teaching experience in chronological order:

From	Dates To	Subjects, Grade Levels or Areas	Name of Supervisor	Name and Address of Institution	Full or Part-Time

(More space on back if needed)

References – Persons who can attest to your abilities-including supervisors, principals, and superintendents from previous places of employment.

Name	Title	Organization	Address	Telephone Number

General Information

When will you be available? _____

Please indicate choice (1, 2, 3, etc.) of preference the levels you wish to be involved with:

Lower grades (K-4th) Upper grades (5-8th) Part-time Full-time

Please list your subject preferences you would like to teach: _____

Do you have any medical limitations that may restrict you from performing your job? If yes, please explain:

Would you be taking advantage of the district’s health insurance plan? Yes: Single Family No

Military Service:

Dates and branch of military service: _____

I certify that all information contained herein is true and accurate to the best of my knowledge and ability.

Signed _____ **Date** _____