



**II. Educational Preparation and Training**  
**HIGH SCHOOL, COLLEGE, UNIVERSITY (MOST RECENT FIRST)**

<b>NAME OF SCHOOL</b>		<b>LOCATION</b>		<b># OF YRS. COMPLETED</b>
<b>MAJOR:</b>	<b>MINOR:</b>	<b>DID YOU GRADUATE?</b>	<b>DEGREE:</b>	
<b>NAME OF SCHOOL</b>		<b>LOCATION</b>		<b># OF YRS. COMPLETED</b>
<b>MAJOR:</b>	<b>MINOR:</b>	<b>DID YOU GRADUATE?</b>	<b>DEGREE:</b>	
<b>NAME OF SCHOOL</b>		<b>LOCATION</b>		<b># OF YRS. COMPLETED</b>
<b>MAJOR:</b>	<b>MINOR:</b>	<b>DID YOU GRADUATE?</b>	<b>DEGREE:</b>	

NUMBER OF GRADUATE CREDITS BEYOND BACHELOR'S DEGREE: \_\_\_\_\_

NUMBER OF GRADUATE CREDITS BEYOND MASTER'S DEGREE: \_\_\_\_\_

**III. Certification**

AREAS OF CERTIFICATION SUBJECT	GRADE	STATE ISSUING LICENSE	EXPIRES	WISCONSIN DPI CODE NUMBER

**IV. Professional Experience Under Contract to a School District**  
**(ASTERISK (\*) ALL EXPERIENCE THAT WAS FULL TIME FOR A YEAR UNDER PROVISIONAL CERTIFICATION)**

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
DISTRICT Mo./Yr. Mo./Yr. TELEPHONE NUMBER

\_\_\_\_\_ ADDRESS CITY STATE ZIP

\_\_\_\_\_ POSITION/SUBJECT GRADE

\_\_\_\_\_ SUPERVISOR SUPERVISOR TITLE

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 DISTRICT Mo./Yr. Mo./Yr. TELEPHONE NUMBER

---

ADDRESS CITY STATE ZIP

---

POSITION/SUBJECT GRADE

---

SUPERVISOR SUPERVISOR TITLE

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
 \*\*\*\*\*

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 DISTRICT Mo./Yr. Mo./Yr. TELEPHONE NUMBER

---

ADDRESS CITY STATE ZIP

---

POSITION/SUBJECT GRADE

---

SUPERVISOR SUPERVISOR TITLE

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
 \*\*\*\*\*

***V. All Other Work Experience***

\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 DISTRICT Mo./Yr. Mo./Yr. TELEPHONE NUMBER

---

ADDRESS CITY STATE ZIP

---

POSITION/SUBJECT GRADE

---

SUPERVISOR SUPERVISOR TITLE

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
 \*\*\*\*\*

\_\_\_\_\_  
DISTRICT FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mo./Yr. Mo./Yr. TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
POSITION/SUBJECT GRADE

\_\_\_\_\_  
SUPERVISOR SUPERVISOR TITLE

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
DISTRICT FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mo./Yr. Mo./Yr. TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
POSITION/SUBJECT GRADE

\_\_\_\_\_  
SUPERVISOR SUPERVISOR TITLE

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
DISTRICT FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mo./Yr. Mo./Yr. TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
POSITION/SUBJECT GRADE

\_\_\_\_\_  
SUPERVISOR SUPERVISOR TITLE

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\*\*\*\*\*

**VI. Other Training/Experience**

Please check the area(s) listed below in which you have documented training and/or experience.

**TRAINING:** Having formal academic coursework, workshops, or inservices.

**EXPERIENCE:** Having actually taught (or student taught).

	<b>TRAINING</b>	<b>EXPERIENCE</b>
Gifted & Talented		
Title 1		
Middle School		
Special Education		
Early Childhood Education		
Skills for Effective Teaching		
ATODA Core Training		
Team Teaching		
Math Their Way/CGI-Math/Everyday Math		
Literacy – ERE, Reading Recovery		
Technology Integration		
Computers (word processing/database/spreadsheets)		
Computers		
Computers (technical experience)		
Signing (Deaf & Hard of Hearing)		
Diverse Student Populations (including high-risk students)		
Cooperative Learning		
Multi-Aged Grouping - Looping		
Thematic Integrated Instruction		
Vocational Education		
Coaching/Advising		
Differentiated Curriculum		
Ojibwe Culture		
Restorative Justice		
Discipline Models – Specify:		
Other:		

**VII. References (Please omit relatives)**

<b>NAME/POSITION</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>

**VIII. Personal Statement**

Prepare a **HANDWRITTEN STATEMENT** to include any experience or talent which in your estimation will contribute to your success in the position for which you are applying.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**The School District of Bayfield Board of Education, as a prerequisite to employment, requires a certificate of good health signed by a physician (Physical Report), and a criminal information records check through the Wisconsin Department of Justice and other appropriate agencies.**

**RELEASE**

**I HEREBY CERTIFY** that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and other sources of information which may be relevant to my applications for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in the Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the School District of Bayfield. I have read, understand, and agree to the above statement. (Sign below).

\_\_\_\_\_ **DATE**

\_\_\_\_\_ **APPLICANT SIGNATURE**

**EQUAL OPPORTUNITY EMPLOYER**

**The School District of Bayfield does not discriminate in employment on account of race, color, religion, sex, pregnancy, national origin, age, disability, ancestry, marital status, arrest record, conviction record, sexual orientation, national guard/reserve membership and the non-work related use or non-use of lawful products. The School District of Bayfield is in compliance with the Americans With Disabilities Act.**