

PLEASE CHECK ONE OR MORE OF THE FOLLOWING APPLICATION PREFERENCES:

REGULAR EMPLOYMENT ONLY
 SUMMER SCHOOL EMPLOYMENT ONLY

REGULAR & SUMMER SCHOOL EMPLOYMENT
 SUBSTITUTE

PLEASE CHECK ALL AREAS OF SUBSTITUTE TEACHING YOU WISH TO BE CONSIDERED FOR:

ELEMENTARY **MIDDLE SCHOOL (6-8)** **HIGH SCHOOL (9-12)** **LONG-TERM**

PLEASE INDICATE YOUR AVAILABILITY OR ANY SPECIAL EXCEPTIONS:

II. Educational Preparation and Training

HIGH SCHOOL, COLLEGE, UNIVERSITY (MOST RECENT FIRST)

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

NUMBER OF GRADUATE CREDITS BEYOND BACHELOR'S DEGREE: _____

NUMBER OF GRADUATE CREDITS BEYOND MASTER'S DEGREE: _____

III. *Teacher Certification*

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

List in order of preference, the grades, subjects, or special services in which you are ***certified*** to teach:

1. _____
2. _____
3. _____

IV. *Internship/Student Teaching/Practicum*

_____ FROM: _____ TO: _____ (____) _____
 DISTRICT OR EMPLOYER Mo./Yr. Mo./Yr. TELEPHONE NUMBER

ADDRESS CITY STATE ZIP

POSITION/SUBJECT GRADE

SUPERVISOR SUPERVISOR TITLE

_____ FROM: _____ TO: _____ (____) _____
 DISTRICT OR EMPLOYER Mo./Yr. Mo./Yr. TELEPHONE NUMBER

ADDRESS CITY STATE ZIP

POSITION/SUBJECT GRADE

SUPERVISOR SUPERVISOR TITLE

_____ FROM: _____ TO: _____ (____) _____
 DISTRICT OR EMPLOYER Mo./Yr. Mo./Yr. TELEPHONE NUMBER

ADDRESS CITY STATE ZIP

POSITION/SUBJECT GRADE

SUPERVISOR SUPERVISOR TITLE

V. 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

REASON FOR LEAVING: _____

_____ FROM: _____ TO: _____ (____) _____
DISTRICT Mo./Yr. Mo./Yr. TELEPHONE NUMBER

ADDRESS CITY STATE ZIP

POSITION/SUBJECT GRADE

SUPERVISOR SUPERVISOR TITLE

REASON FOR LEAVING: _____

_____ FROM: _____ TO: _____ (____) _____
DISTRICT Mo./Yr. Mo./Yr. TELEPHONE NUMBER

ADDRESS CITY STATE ZIP

POSITION/SUBJECT GRADE

SUPERVISOR SUPERVISOR TITLE

REASON FOR LEAVING: _____

VI. All Other Work Experience

NAME OF EMPLOYER	ADDRESS	POSITION HELD	REASON FOR LEAVING
SUPERVISOR'S NAME/TITLE	TELEPHONE NO.	FROM	TO
NAME OF EMPLOYER	ADDRESS	POSITION HELD	REASON FOR LEAVING
SUPERVISOR'S NAME/TITLE	TELEPHONE NO.	FROM	TO

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).

	TRAINING	EXPERIENCE
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		
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		
Thematic Integrated Instruction		
Vocational Education		
Coaching/Advising		
Differentiated Curriculum		
Ojibwe Culture		
Restorative Justice		
Discipline Models – Specify:		
Other:		

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.