

# ERIN SCHOOL DISTRICT

6901 Hwy O

Hartford, WI 53027

Phone 262-673-3720 ~ Fax 262-673-2659 ~ www.erinschool.org

## APPLICATION FOR EMPLOYMENT

Certified Position

Date of Application \_\_\_\_\_ Position Applying For \_\_\_\_\_

Each item on this application is important. Read and complete carefully and accurately. **Please print or type.**

A complete transcript of all undergraduate and graduate college work, credentials and a current Wisconsin DPI license must be on file in the Administrative Center prior to employment. It is the responsibility of the applicant to supply this information prior to the closing date of the posted position.

### GENERAL INFORMATION

Last Name		First Name		Middle Name	
Mailing Address		City		State	Zip Code
Time at this Address	Home Telephone		Work Telephone	Social Security Number	
Place of Birth (city, state)			Driver's License Number & Issuing State		
Date of Birth	Years of Experience	Available Start Date	Are You Under Contract? yes                  no	Expiration Date of Contract	

Check all that apply.

\_\_\_ Regular    \_\_\_ Substitute                  \_\_\_ Full-time    \_\_\_ Part-time

Highest College Degree BA/BS MA/MS EdD/PhD    Year Obtained \_\_\_\_\_    GPA \_\_\_\_\_

Major/Minor \_\_\_\_\_

Coaching/Advising Interest \_\_\_\_\_

Grade(s)/Subject(s) Applying For \_\_\_\_\_

Grade(s)/Subject(s) Taught \_\_\_\_\_

Teaching Certificate Code Numbers (if known) \_\_\_\_\_

The Erin School District does not discriminate on the basis of religion, sex, race, national origin, age, ancestry, creed, color, political affiliation, National Guard membership, state defense force or any reserve component of the United States military or state military forces, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability or handicap or other bases prohibited under state or federal law. Any applicant who believes any of the questions in this application are discriminatory should so note and explain why they believe so.

Applicant's Name \_\_\_\_\_

**GENERAL INFORMATION (continued)**

Total Years of Professional Service in Education \_\_\_\_\_

A Copy of My Teaching Credentials Has Been Requested From \_\_\_\_\_  
 (College Placement Office or Agency)

Is this a Confidential Credential\*?    \_\_\_ Yes \_\_\_ No

Credentials May Be Listed Under This Name \_\_\_\_\_

\*THE DISTRICT WILL PROTECT THE CONFIDENTIALITY OF PERSONNEL RECORDS TO THE EXTENT PERMITTED BY LAW\*

Use numerals (i.e. 1,2,3, etc.) to indicate order of preference of levels in which you wish to teach.

\_\_\_ Primary (K-2)                      \_\_\_ Upper Elementary (3-5)                      \_\_\_ Middle (6-8)

**WISCONSIN DPI LICENSE(S) and/or OTHER TEACHING CERTIFICATION(S)**

Areas of Certification (Grade(s) and/or Subject(s))	State Issuing License	License Expiration MM/YY	Wisconsin DPI Code Number

**STUDENT TEACHING OR PRACTICUM**

Dates (MM/YY–MM/YY)	Grade(s) and/or Subject(s)	Name, Work Telephone and Work Address of District's Cooperating Teacher	College/University Name and Semester Hours Earned
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Applicant's Name \_\_\_\_\_

**EDUCATION**

LIST ALL SCHOOLS YOU HAVE ATTENDED BEGINNING WITH YOUR HIGH SCHOOL

List **most recent school** first.

School Name, City and State	Dates Attended (MM/YY–MM/YY)	Degree	GPA/Scale	Major(s)	Minor(s)

Number of Graduate Credits Beyond Last Degree Earned \_\_\_\_\_

List extracurricular activities in which you participated.

College \_\_\_\_\_

High School \_\_\_\_\_

**PERSONAL REFERENCES**

List four persons, not related to you, whom you have known at least one year. **DO NOT** duplicate employment references.

<b>1</b>	Name			Telephone
	Address			Describe Nature of Relationship
	City	State	Zip Code	

<b>2</b>	Name			Telephone
	Address			Describe Nature of Relationship
	City	State	Zip Code	

<b>3</b>	Name			Telephone
	Address			Describe Nature of Relationship
	City	State	Zip Code	

<b>4</b>	Name			Telephone
	Address			Describe Nature of Relationship
	City	State	Zip Code	

All references MAY BE contacted prior to an offer of employment.

Indicate, by number, references you **DO NOT** want us to contact during the interview/selection process.

Reference    \_\_\_1    \_\_\_2    \_\_\_3    \_\_\_4            Reason \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**EMPLOYMENT REFERENCES**

Please give accurate, complete full-time and part-time employment records. List additional relevant employment on separate sheet if necessary. List **present or most recent employer first**.

<b>1</b>	Name of Employer/District	__ Full-time __ Part-time	Dates Employed (MM/YY–MM/YY)	
		Hourly Rate _____	_____	
		Salary _____	Total Years _____	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position and Description of Work (i.e. Grade Level or Subject)		Reason For Leaving	

<b>2</b>	Name of Employer/District	__ Full-time __ Part-time	Dates Employed (MM/YY–MM/YY)	
		Hourly Rate _____	_____	
		Salary _____	Total Years _____	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position and Description of Work (i.e. Grade Level or Subject)		Reason For Leaving	

<b>3</b>	Name of Employer/District	__ Full-time __ Part-time	Dates Employed (MM/YY–MM/YY)	
		Hourly Rate _____	_____	
		Salary _____	Total Years _____	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position and Description of Work (i.e. Grade Level or Subject)		Reason For Leaving	

<b>4</b>	Name of Employer/District	__ Full-time __ Part-time	Dates Employed (MM/YY–MM/YY)	
		Hourly Rate _____	_____	
		Salary _____	Total Years _____	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position and Description of Work (i.e. Grade Level or Subject)		Reason For Leaving	

All employers WILL BE contacted prior to an offer of employment.

Indicate, by number, employers you **DO NOT** want us to contact during the interview/selection process.

Employer    \_\_1\_\_ \_\_2\_\_ \_\_3\_\_ \_\_4\_\_    Reason \_\_\_\_\_

Applicant's Name \_\_\_\_\_

List specific training you have taken in gifted, special, reading, writing and technology education.

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**SUPERVISING EXTRA CURRICULAR ACTIVITIES**

List each activity (e.g. football, drama, etc.) you have supervised, the position held (e.g. head coach) and the most recent dates of involvement.

Activity	
Position	
Dates (MM/YY–MM/YY)	

Activity	
Position	
Dates (MM/YY–MM/YY)	

Activity	
Position	
Dates (MM/YY–MM/YY)	

Activity	
Position	
Dates (MM/YY–MM/YY)	



Applicant's Name \_\_\_\_\_

### RESIDENTIAL HISTORY

Please provide the following information for all present and past residences for the previous ten years.  
List additional relevant residences on a separate sheet if necessary. List **current or most recent residence** first.

1.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
2.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
3.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
4.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
5.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
6.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
7.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
8.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
9.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code
10.	_____	_____	_____	_____	_____
	Dates (MM/YY–MM/YY)	Street Address			
		City	County	State	Zip Code

Applicant's Name \_\_\_\_\_

### GENERAL QUESTIONS

Please check one per question.

1. Have you ever worked for the Erin School District under a different name? \_\_\_Yes \_\_\_No  
If yes, what name? \_\_\_\_\_
2. Have you previously filed an application under your present name or a different name? \_\_\_Yes \_\_\_No  
If yes, when? \_\_\_\_\_
3. Are any of your relatives currently employed by the Erin School District? \_\_\_Yes \_\_\_No  
If yes, list name and position \_\_\_\_\_
4. Who, if anyone, suggested that you apply for a position with the Erin School District?  
Name \_\_\_\_\_
5. Please list any language, other than English, that you speak fluently.  
\_\_\_\_\_
6. Are you 18 years old or older? \_\_\_Yes \_\_\_No
7. Are you a citizen of the United States? \_\_\_Yes \_\_\_No  
If not a citizen, indicate alien status and alien registration number  
If naturalized, indicate certification number & date and place of naturalization  
\_\_\_\_\_
8. Do you currently hold a valid driver's license? \_\_\_Yes \_\_\_No
9. Are you able to perform the essential functions of the position for which you're applying either with or without reasonable accommodation? \_\_\_Yes \_\_\_No

For all "Yes" answers to questions 10-16, attach a detailed explanation, including all relevant documentation (e.g. letters, court documents, etc.).

CONVICTIONS WILL NOT NECESSARILY DISQUALIFY A CANDIDATE FROM EMPLOYMENT AND  
WILL BE CONSIDERED ONLY AS THEY SUBSTANTIALLY RELATE TO THE POSITION APPLIED FOR.

10. Are you the subject of any pending charges for a misdemeanor or felony? \_\_\_Yes \_\_\_No
11. Have you ever been convicted of a misdemeanor or felony? \_\_\_Yes \_\_\_No
12. Have you ever been investigated by any agency for alleged immoral or illegal conduct or incompetence? \_\_\_Yes \_\_\_No
13. Have you ever resigned, been disciplined or dismissed from any position for immoral or unprofessional conduct or for unfitness for service? \_\_\_Yes \_\_\_No
14. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended? \_\_\_Yes \_\_\_No
15. Have you ever resigned, been suspended or discharged due to conduct, including harassment relating to the health, welfare, safety or education of any person? \_\_\_Yes \_\_\_No
16. Is your educationally related license under investigation or is disciplinary action pending in any other state? \_\_\_Yes \_\_\_No

The Erin School District may conditionally offer employment subject to review of driving and criminal records, results of physical examination (including drug testing), credit history and/or verification of application and interview information provided by the candidate.



**APPLICANT'S STATEMENT**

By signing below, I certify that the answers given by me to the foregoing questions and/or statements including all attachments and submittals in support of this application are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the *Application for Employment*, or attachments or submittals, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that the Erin School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me.

I, hereby, grant permission to the Erin School District to investigate any of the information provided by me. I also authorize the companies, schools or persons named in this application to provide information, transcripts, records or documents requested regarding my work experience, educational background, conviction record, driving record, character or qualifications, personal or otherwise. I hereby release said companies, schools or persons from all liability for any damage that may result from furnishing this information to the Erin School District. A copy of this signed release is as effective as the original.

I understand that after an offer of employment is extended to me, and prior to my beginning to work for the Erin School District, I may be required to undergo a physical examination, which may include drug and/or alcohol tests. I, hereby, authorize the release of the results of such physical examination and drug and/or alcohol tests to the Erin School District. I understand that I may be required to undergo future such examinations and tests and that my employment is contingent upon successful completion of such examinations and tests. I understand and release the Erin School District from any and all liability with respect to such examinations and tests, and hold the Erin School District harmless for any decision made by the Erin School District in this respect.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the *Immigration Reform and Control Act of 1986*.

I agree to conform to the rules, regulations and policies of the Erin School District. I fully understand and agree that filling out this *Application for Employment* does not obligate the Erin School District to offer me a job, nor does it obligate me to accept a job. I understand that if I am offered a position that said employment does not become binding on the Erin School District until the Board of Education has approved my employment, even if I have already started work.

I understand that the Erin School District reserves the sole and exclusive rights and authority of management which includes the District's right to determine the number of hours per day or days per week during which operation shall be carried out; to select and determine the number and types of employees required for the total work force; to establish and change work schedules and assignments; to transfer, promote and demote employees or terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to establish standards of work performance; to make and enforce reasonable rules of the maintenance and protection of life and property; to suspend, discharge and otherwise discipline employees for just cause. Assignments to either grade level, building or position will be based on the needs of the District and may change from the initial assignment.

STATEMENTS OF QUALIFICATIONS, A RESUME OR ADDITIONAL INFORMATION WHICH REFLECT UPON YOUR CANDIDACY MAY BE ATTACHED IF NECESSARY.

This application includes (# of pages)\_\_\_\_\_ pages and may include other documents submitted by or for me in support of my candidacy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date