

PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

100 West Monroe Street
Port Washington, WI 53074-1292

SUMMER SCHOOL

Telephone (262) 268-6000
Fax (262) 268-6020
Web site www.pwssd.k12.wi.us

RETURN TO:
1403 N. Holden Street
Port Washington, WI 53074

TEACHER APPLICATION

SUMMER SCHOOL:
Phone: 262-268-6100
Fax: 262-268-6120

PERSONAL INFORMATION			
POSITION DESIRED			DATE
NAME			
HOME ADDRESS			
Street		City	State ZIP
BUSINESS ADDRESS			
Street		City	State ZIP
TELEPHONE () Home		() Business	E-MAIL ADDRESS

EDUCATION			
HIGH SCHOOL NAME & LOCATION			
COLLEGE/UNIVERSITY NAME & LOCATION	MAJOR/MINOR	DEGREE	DATE EARNED
Other			

CERTIFICATION (required for some positions)					
Do you hold current DPI license(s)? Yes No License Number					
If so, please list area(s) and Wisconsin certificate codes:					
AREA	CODE	EXPIRATION	AREA	CODE	EXPIRATION

EMPLOYMENT HISTORY			
FROM / TO	EMPLOYER & LOCATION	POSTION	REASON FOR LEAVING

PROFESSIONAL DATA

- Have you ever been dismissed, asked to resign, or non-renewed? Yes No
If yes, please explain on a separate sheet.
- Have you ever been convicted of any felony, plead no contest to, been fined in connection with, or agreed to enter into a pretrial diversion program (including, but not limited to, an agreement to make restitution, obtain treatment for substance abuse, perform community service, etc.)

in connection with any type of felony, misdemeanor, municipal ordinance violation or any other like offense (other than a parking ticket or non-criminal traffic citation), regardless of the nature of the penalty or fine for that offense? Yes No

If yes, please provide an explanation, including offense(s) and date(s): _____

Are you currently subject to a pending charge for any type of felony, misdemeanor, municipal ordinance violation or any other like offense (other than a parking ticket or non-criminal traffic citation)? Yes No

If yes, please provide an explanation, including offense(s) and date(s): _____

If you are in doubt about the nature of any offense or charge, you should list it. The above questions require disclosure of all past convictions, violations, fines or offenses (other than a parking ticket or non-criminal traffic citation), and all pending charges regardless of whether you believe such offense or charge is maintained in any public record and regardless of whether anyone advised you that you did not need to disclose it. The failure to list such offense or charge will be considered falsification and will be grounds for the Port Washington-Saukville School District to no longer consider you for or to release you from employment. No applicant will be denied employment because of a past offense or pending charge which is not substantially related to the circumstances of the assignment sought.

3. May we have your permission to contact references listed below? Yes No

REFERENCES			
<i>Please include four persons who have knowledge of your professional ability, experience, and qualifications.</i>			
NAME	ADDRESS	POSITION/TITLE	TELEPHONE NO.

CANDIDATE RESPONSE

Please respond to the following questions separately, using no more than two sheets of paper.

1. What is your philosophy and approach to student learning and instruction?
2. How would you maintain a positive environment in and out of your classroom?
3. Describe your approach to develop and enrich home/school communications.

AUTHORIZATION

My signature certifies that all statements made on this application/request and in all other materials submitted to support my employment request are true and complete. I grant representatives of the Port Washington-Saukville School District permission to check the accuracy of statements/information provided within this application and authorize any former employer, person, organization, or agency to disclose to the District any information they may have regarding me. I hereby release the District as well as all providers of information from any liability and for any damages, which may result from the furnishing and receiving of this information. I agree that misrepresentation of information contained in the application materials may be cause for the District to elect to not employ me. I agree that the Port Washington-Saukville School District, or its representatives, shall not be held liable in any respect if my application is not considered, because of false statements, answers or omissions made by me in this application. A copy of this authorization and release is as valid as the original and should be recognized as such.

Furthermore, I agree to conform to the rules, regulations and policies of the Port Washington-Saukville School District.

Signature _____ Date _____

Application will be considered complete when a personal letter, resume, transcripts, letters of recommendation, DPI license, and this application have been submitted.

Port Washington-Saukville School District is committed to a policy of non-discrimination on the basis of race, religion, sex or sexual orientation, age, national origin, handicap, marital status, political affiliation, arrest or conviction record, or any other factor provided for by state and federal laws and regulations.