



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

APPLICATION FOR EMPLOYMENT TEACHER-PROFESSIONAL

Applicant Information: Only complete applications will be considered.

Last Name: _____ First Name: _____ Middle Name: _____ Maiden Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Primary #: _____ Cell #: _____ Email Address: _____

Yes No Are you a US citizen? If no, are you eligible to work in the US? Yes No

Position(s) for which you are licensed: _____

Educational and Professional Training (List chronologically and include high school):

Date From:	Date To:	Name of School/University	State	Field of Study	Degree Type	Grad Year

Student Teacher Experience (List chronologically and include internships):

Date From:	Date To:	Name of School	State	School Division-City, County	Grade/Subject Level

Teaching Experience (List chronologically. Do not include substitute teaching):

Date From:	Date To:	Name of School	State	School Division-City, County	Position Held (Be specific)	Full/Part-Time

Work Experience (Other than teaching):

	Date From:	Date To:	Employer	City, State	Work Type
1					
2					
3					
4					
5					

Military Experience:

	Date From:	Date To:	Branch of Service	Occupational Specialist (MOS)	Type of Discharge
1					
2					

Certification:

Yes No Do you have a Wisconsin Teacher License? (A copy of license must accompany application)
 Endorsement(s): _____ Expiration Date: _____

Yes No Have you applied for a Wisconsin Teacher License? Date Applied: _____ Statement of eligibility is included

Yes No Do you have a Teacher Certificate in another state? (A copy of license(s) must accompany application.)
 St: _____ Endorsement(s): _____ Expiration Date: _____
 St: _____ Endorsement(s): _____ Expiration Date: _____

Yes No Have you taken the National Teacher's Examination? (Submit a copy of your scores)
 Yes No Core Battery Month/Yr: _____ CS: _____ GK: _____ PK: _____
 Yes No Specialty Area Month/Yr: _____ CS: _____ GK: _____ PK: _____

General Information:

New Application Previous Application on File Former Employee of the School District

Indicate position(s) desired for which you are licensed: Administrator Counselor Library/Media Psychologist
 Social Worker Supervisor Teacher Other _____

List grade level(s) and/or subject area(s) in order of preference: _____

Date Available for Employment: _____

Yes No Are you now under contract? Where: _____ Position: _____

If yes, why do you wish to change? _____

Contract Type: Annual/Probationary Other: _____

Can you be released if you are offered another position? Yes No

Yes No Have you ever been discharged or requested to resign from a position?

If yes, explain: _____

Criminal History:

Yes No Have you ever been convicted of any violations of law other than minor traffic violations?

If yes, explain: _____

Yes No Have you ever had a certificate or license revoked or suspended?

If yes, explain: _____

Yes No As of the date of this application, do you have any pending charges or proceedings against you?

If yes, explain: _____

Yes No Have you been convicted of any offense involving sexual molestation, physical or sexual abuse or rape of a child?

If yes, explain: _____

References:

It is the applicant's responsibility to have the following information provided to the East Troy Community School District in order to be considered for employment:

- a- The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not employed.
- b- Unless included in placement file, applicant with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience. Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and cooperating teacher(s) in the placement file or by listing names below.
- c- As indicated above:

Credentials are being sent References are listed below

1-Name: _____ Address: _____

Relationship: _____ Phone #: _____

2-Name: _____ Address: _____

Relationship: _____ Phone #: _____

3-Name: _____ Address: _____

Relationship: _____ Phone #: _____

Extra-Curricular Activities

Indicate the number of years of experience in the activities listed below. Check the box next to the activities you are willing to coach/sponsor.

	High School	College	Contract
<input type="checkbox"/> Baseball			
<input type="checkbox"/> Basketball			
<input type="checkbox"/> Cheerleading			
<input type="checkbox"/> Cross Country			
<input type="checkbox"/> Football			
<input type="checkbox"/> Golf			
<input type="checkbox"/> Gymnastics			
<input type="checkbox"/> Soccer			
<input type="checkbox"/> Softball			
<input type="checkbox"/> Tennis			
<input type="checkbox"/> Track			
<input type="checkbox"/> Volleyball			
<input type="checkbox"/> Wrestling			

	High School	College	Contract
<input type="checkbox"/> Athletic Director			
<input type="checkbox"/> Athletic Trainer			
<input type="checkbox"/> Audio Technology			
<input type="checkbox"/> Clubs			
<input type="checkbox"/> Debate			
<input type="checkbox"/> Drama			
<input type="checkbox"/> Forensics			
<input type="checkbox"/> Honor Society			
<input type="checkbox"/> Library Magazine			
<input type="checkbox"/> Newspaper			
<input type="checkbox"/> Student Government			
<input type="checkbox"/> Yearbook			
<input type="checkbox"/>			

Relative(s) Information

To avoid conflict of interest, list any local school board member(s) or employee(s) relatives in the East Troy Community School District and site relationship:

Additional Information: On a separate sheet and in your own handwriting, provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives and other background factors are of special interest.

Applicant's Signature: _____ Date: _____

**Return this completed application and a Consent to Perform Investigative Consumer Report in Compliance with the FCRA (Fair Credit Reporting Act) form to:
East Troy Community School District, 2040 Beulah Avenue, East Troy, WI 53120**

Nondiscrimination: The East Troy Community School District Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, sex or any other condition prohibited by federal or state law in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name: _____ First Name: _____ Middle Name: _____ Maiden: _____

Street Address: _____ Apt/Lot #: _____ City: _____ St: _____ Zip: _____

List any other name(s) used in all other records of birth or records of residence: _____

Birth Date: _____ Gender: M F Social Security #: _____ Ethnicity: Hispanic/Latino

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

*As shown on the original application

**To be used for criminal history checks only and not a part of the personnel file

List all counties and states of residence since high school graduation or age 18.

City: _____ St: _____ County: _____ City: _____ St: _____ County: _____

City: _____ St: _____ County: _____ City: _____ St: _____ County: _____

City: _____ St: _____ County: _____ City: _____ St: _____ County: _____

Complete the following questions regarding criminal history. If you answer yes to any of the questions, provide details in the space provided.

Yes No Have you ever been convicted or plead guilty before a court for any federal, state or municipal offense? (exclude minor traffic violations)

State: _____ County: _____ Offense Date: _____ Details: _____

State: _____ County: _____ Offense Date: _____ Details: _____

Yes No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

State: _____ County: _____ Offense Date: _____ Details: _____

State: _____ County: _____ Offense Date: _____ Details: _____

Yes No Have you ever received probation or community supervision for any federal, state or municipal offense?

State: _____ County: _____ Offense Date: _____ Details: _____

State: _____ County: _____ Offense Date: _____ Details: _____

Yes No Have you ever been convicted of any criminal offense in a county outside the jurisdiction of the United States?

Country: _____ City: _____ Offense Date: _____ Details: _____

Country: _____ City: _____ Offense Date: _____ Details: _____

Yes No As of the date of this consent form, do you have any pending charges against you?

State: _____ County: _____ Arrest Date: _____ Details: _____

State: _____ County: _____ Arrest Date: _____ Details: _____

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

I hereby certify that all information provided in this consent form is true, correct and complete. If any information proves to be incorrect or incomplete, I understand that grounds for canceling of any and all offers of employment will exist and may be used at the discretion of the employer.

Printed Name: _____ Signature: _____ Date: _____

For Office Use Only Completed on: _____