

SCHOOL DISTRICT OF WILD ROSE
600 PARK AVENUE
P.O. BOX 276
WILD ROSE, WI 54984

Attn: Tammy Wilkinson

TEACHER APPLICATION FOR EMPLOYMENT

DATE _____

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

Highest Degree Held _____

Type of Wisconsin Certificate applied for or
Type of Wisconsin Certificate granted: _____

Other Certificates you are eligible for: _____

Undergraduate Degree received from: _____

Graduate Degree received from: _____

Undergraduate Major Field: _____

Undergraduate Minor Field: _____

Graduate Major: _____

Years Teaching Experience: _____

(Start with current and work backwards)

School District	# of years teaching	Subject taught	Supervisor	Supervisor's address and phone number
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other educational work experience (please summarize):

Educational philosophy and future goals:

Have your credentials been sent? _____ Are you available if we need them? _____

References: Please supply three immediate supervisors

Name & Address	Phone Number	Position	May we contact this person
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Criminal Background Search

May we conduct a personal background check, including contact of your references named above as well as present and previous employers including records of municipal, State and Federal law enforcement agencies, Selective System, and review other records related to this position?

_____ Yes _____ No If no, please explain.

I do hereby provide the School District of Wild Rose with my birthdate and social security number with the understanding this information will be used to conduct a criminal background check.

Birthdate _____ Social Security Number _____

Because of the nature of this position, applicants with conviction records who are invited to an employment interview will be asked to discuss this information. (A conviction record will not be used as a criteria in making an employment decision unless the circumstance of the offense substantially relates to the circumstance of this position.)

Have you ever been convicted of a crime or are there any charges currently pending? _____yes _____no

If so , please explain in detail:

Have you ever had a teaching license revoked or are you facing licensure revocation? _____yes _____no

Have you ever lived outside the state (after age 18)? _____yes _____no

If yes, what state and county? _____

Please indicate any other names you have used (e.g. alias, maiden name)

Please provide a list of your addresses for the past 10 years:

CERTIFICATION STATEMENT Please read, sign, and date the following statement.

I certify that I have fully read this application form and that all answers to questions in this application are true and complete to the best of my knowledge. I agree, and fully understand that it is my responsibility as an applicant to provide complete and accurate information regarding my past history, licensure, license revocation, and any convictions and that failure to do so may be just cause to terminate my employment. I understand that any misstatements or omissions of material fact may disqualify me for this position.

Signature

Date

Interviewed by (1) _____ Date_____

(2) _____ Date_____

(3) _____ Date_____

An Equal Opportunity Employer

Revised 07/2023

SCHOOL DISTRICT OF WILD ROSE

“Home of the Wildcats”

Craig Hayes

District Administrator
hayesc@wildroseschools.org
600 Park Avenue, PO Box 276
Wild Rose, WI 54984-0276
(920) 622-4203
Fax (920) 622-4604

Amanda Bronk

Middle School-High School Principal
bronka@wildroseschools.org
Wild Rose Middle-High School
600 Park Avenue, PO Box 276
Wild Rose, WI 54984-0276
(920) 622-4201
Fax (920) 622-4801

Matt Wilbert

Elementary Principal
wilbertm@wildroseschools.org
Wild Rose Elementary School
825 Mt Morris St, PO Box 119
Wild Rose, WI 54984-0119
(920) 622-4204
Fax (920) 622-4601

Date: _____

To: _____

Reference Check for: _____

Position Applied For: _____

AUTHORIZATION TO SECURE APPLICANT REFERENCE INFORMATION

I, _____, have placed an application for employment with the School District of Wild Rose. I hereby authorize the School District of Wild Rose to initiate reference checks of such information as necessary to verify/evaluate my qualifications for the position for which I have applied.

_____ I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to an invasion of privacy or civil rights.

_____ I hereby give consent to access the information contained in my personnel records or file and authorize the release of copies of such records to the School District of Wild Rose.

Signature: _____

Date: _____