

Lac du Flambeau, WI (715)588-3838 / FAX (715) 588-3243 www.ldf.k12.wi.us

Teacher Application

PERSONAL DATA

Name								
(Print)	Last	First	Middle	Date of Application				
Address		City	State	Zip				
Home Ph	one	Work Pho	one	Cell Phone				
Email Add	dress			Social Security Number				
Position fo	or which you a	re applying:						
Are you c	urrently under	contract? If so, e	explain					
Date avai	lable for emplo	oyment in this school district: _						
Date of B	irth (Necessar	y for conducting a background	check)					
		mation regarding your name w		conduct a record check (i.e., alias				
	United States	s citizen or do you have an ent	ry permit which allows you	to lawfully work in the U.S.?				
VALID WIS	SCONSIN DPI L		THE DISTRICT OFFICE AT T	ORK AND A CURRENT COPE OF HE TIME OF EMPLOYMENT. IT IS REQUEST.				
	_	OT WRITE IN THIS SPACE						
	□ C	ontract	□ Letter of Tempo	rary Employment				
Assignn	Assignment Grade(s)/Subject(s)							
Additional Salaried Responsibilities								
Effective	Date		Replaces					
Allowed		years of teaching experience	ce for years	of previous experience.				
Starting	Salary		Date of Interview					

Applicants who need accommodations in the application and/or interview process are asked to make their request by contacting the Lac du Flambeau School.

PROFESSIONAL/EDUCATIONAL EXPERIENCE
(List Your Experience Under Contract Only with the Most Recent First)

Dates (Month/Year) From To	District	District Position		REASON FOR LEAVING
Reference:				
Reference:Name	Title		Telephone with Area Code	
Dates (Month/Year) From To	District	Position	Grade Level/Subject	REASON FOR LEAVING
Reference:				
Name	Title		Telephone with Area Code	
Dates (Month/Year) From To	District	Position	Position Grade Level/Subject	
Reference:		•		•
Name	Title		Telephone with Area Code)
Dates (Month/Year) From To	District	Position	Grade Level/Subject	REASON FOR LEAVING
Reference:				
Name	Title		Telephone with Area Code	

TEACHER CERTIFICATION

Areas of Certification

Grade/Subject	State Issuing License	Expires (Month/Year)	Wisconsin DPI Code Number

Other Professional Experiences (Educational travel, lecturing, study, publications, organizations, etc.)

Dates (Month/Year) From To	Name of Organizati Location (City/Stat		of Work	Reason for Leaving	
Other Work Experience (Business, summer (occupations, chu	rch work, soci	ial services,	recreation
Dates	Firm or Institution	n Nature	of Work	Number of	Months
		<u> </u>	I		
	UCATIONAL PRI				
List all	College or University	Education with th	e Most Recent	First	
Name and Location of School	Dates Attended Mo/Yr – Mo/Yr	Degree	Grade Point Average	Major(s)	Minor(s)
Number of Graduate Credi Beyond Bachelor's Degree			aduate Credits		
beyond bachelol's begree	·	beyond wast	er s Degree		
Extra-Curricular Activities:	List those activities th	at you are able ar	nd qualified to d	irect.	

The Lac du Flambeau School District Board of Education, as a condition of employment, requires a certificate of good health signed by a physician (Physical Report), a criminal information records check through the Wisconsin Department of Justice and other appropriate agencies and requires that all final candidates for employment with the school district submit to a drug test.

As part of the application process, the Lac du Flambeau School District will conduct a criminal information records check. (A criminal record does not constitute an automatic bar to employment and will be considered only if the circumstances of the conviction relate to the circumstances of the particular job for which you are being considered.)

Have you ever	been convicted	of an ordinance	violation (ot	ther than r	ninor traffic v	iolations),
misdemeanor,	or felony?					
Yes	No					

If yes, please attach a confidential letter explaining the offense(s) including date, location of court, etc.

Please read the following statements carefully before you sign your name.

I understand that this application will remain active for six months. After six months, if I am still interested in a position with the Lac du Flambeau School District, it will be necessary for me to complete a new application form or notify the District Office that I would like to re-activate my original application.

RELEASE

I HEREBY CERTIFY that the answers given to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, schools, law enforcement agencies and other sources of information which may be relevant to my application for employment. In consideration of the Lac du Flambeau School District's review of this application, I release from all liability and/or legal claims the Lac du Flambeau School District and every person seeking or providing information, whether it is oral or written. A photocopy and/or electronic version of this release shall be as valid as the original and may be relied upon by all persons providing information. It is understood and agreed that any misrepresentation, false statement, or omissions by me on this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment without liability to the Lac du Flambeau School District. I have read, understand, and agree to the above statements. (Sign below).

Applicant Signature	 Date	

An Equal Opportunity Employer

The Lac du Flambeau School District 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 Lac du Flambeau School District is in compliance with the Americans With Disabilities Act.

