

SCHOOL DISTRICT OF HILBERT
 1139 WEST MILWAUKEE STREET PO BOX 390
 HILBERT, WISCONSIN 54129
 (920) 853-3558

Position applying for: _____ Date _____

PERSONAL DATA:

Name _____ Soc. Sec. # _____
Last/First/Middle

Permanent _____ PHONE _____
 Address Street, City, State, Zip

Present address _____ PHONE _____
Street, City, State, Zip

CERTIFICATES AND EDUCATION:

Wisconsin Teaching Licenses _____
 Wisconsin Administrative Licenses _____ Other _____

EDUCATION: List universities or colleges in order most recently attended.

Name of School	Location of School <small>City, State</small>	Credits or Degree Received	Major	Minor	Graduation Date

Grade Point Average: Overall _____ Major Field _____

EXTRA ACTIVITY QUALIFICATIONS: Indicate ability or qualifications by circling appropriate numbers.

1 - Direct; 2 - Assist in direction; 3 - Have had special education in; 4 - Experienced.

- | | | |
|--------------------|-----------------------|----------------------|
| 1 2 3 4 Baseball | 1 2 3 4 Track | 1 2 3 4 Class Plays |
| 1 2 3 4 Basketball | 1 2 3 4 Cross Country | 1 2 3 4 Forensics |
| 1 2 3 4 Football | 1 2 3 4 Cheerleading | 1 2 3 4 School Paper |
| 1 2 3 4 Wrestling | 1 2 3 4 Band | 1 2 3 4 Yearbook |
| 1 2 3 4 Volleyball | 1 2 3 4 Vocal | 1 2 3 4 F.H.A. |

TEACHING EXPERIENCE:

How many years have you been in the teaching profession?

What subjects or grades are you teaching this school year?

What school are you employed by?

_____ School _____ City/State

Teaching Experience - List most recent teaching position first:

Name of School	Location of School City and State	Dates Employed From - To	Position Held Grades or Subjects

Where and when did you do your practice teaching?

_____ Grade level or subject area you practice taught in _____

PROFESSIONAL EXPERIENCE OTHER THAN TEACHING: _____

References: List name of school board member, superintendent, principal or supervisors who would be aware of your intern or practice teaching experience.

Name	Title	City, State, Zip

For teachers with previous experience: Please give the name, title, and address of a reference for your past school term if not in your credentials.

Name	Title	City, State, Zip

When would you be available to start teaching? _____

I verify that the information given by me in this application is true, accurate and complete. I understand that if I have given any false information on this application or if I have omitted any material fact, I may be disqualified from employment with the School District of Hilbert, or if hired I may be discharged upon discovery of such false statement(s) or omission(s).

Signature of Applicant

I understand that my employment with the School District of Hilbert may be subject to a reference/background check. I hereby authorize the School District of Hilbert to investigate the truthfulness of all statements made on this application and/or contact my former employer(s) and other listed reference(s) or any other person(s) who can verify any information submitted to the School District of Hilbert in support of my application for employment. I hereby waive any right that I may have against any person contacted by School District of Hilbert, including former employers who provide information concerning this application and I release each said person from liability for providing information.

Signature of Applicant

The School District of Hilbert is an equal opportunity employer. The School District does not discriminate against any employee on the basis of sex, race, religion, national origin, age, height, weight, marital status, or handicap/disability unrelated to the employee's ability to perform his/her job.

-PLEASE ATTACH A COPY OF YOUR TEACHING LICENSE-