

PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

100 West Monroe Street
Port Washington, WI 53074-1292

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

TEACHER APPLICATION

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

<i>EDUCATION</i>				
HIGH SCHOOL NAME & LOCATION				
COLLEGE/UNIVERSITY NAME & LOCATION	MAJOR/MINOR	GPA	DEGREE	DATE EARNED
Other				

<i>CERTIFICATION</i>					
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

<i>EMPLOYMENT HISTORY</i>			
FROM / TO	EMPLOYER & LOCATION	POSITION	REASON FOR LEAVING

<i>PROFESSIONAL DATA</i>

1. Have you ever been dismissed, asked to resign, or non-renewed? ☐ Yes ☐ No
If yes, please explain on a separate sheet.
2. 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 a teaching position. 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			
Please include four persons who have knowledge of your professional ability, experience, and qualifications.			
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.

The Port Washington-Saukville School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of Special Services, Port Washington-Saukville School District, 100 W. Monroe Street, Port Washington, WI 53074 - Duane.Woelfel@pwssd.k12.wi.us