

Johnson Creek School District



PO Box 39
Johnson Creek, WI 53038-0039

APPLICATION FOR EMPLOYMENT (INSTRUCTIONAL POSITIONS)

Contact Information:

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Email: _____
Home Cell

Are you legally eligible for employment in the U.S.? Yes No

Position(s) applying for: _____

Were you previously employed by us?: Yes No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

URL to Online Portfolio
(optional): _____

Student Teaching

School District:

Dates:

From:

To:

Address: _____
Street City State Zip

Name of Supervising Teacher:

Supervising Teacher Phone Number:

Supervising University:

Address: _____
Street City State Zip

Name of University Supervisor:

University Supervisor Phone Number:

Describe the grades/subjects taught:

Describe extra curricular involvement (coaching, clubs, etc.):

Educational and Professional Training

List most recent first.

College or University: _____ Major: _____

Location: _____ Degree Earned: _____
City State

Dates attended: _____ - _____
From To

College or University: _____ Major: _____

Location: _____ Degree Earned: _____
City State

Dates attended: _____ - _____
From To

College or University: _____ Major: _____

Location: _____ Degree Earned: _____
City State

Dates attended: _____ - _____
From To

Professional License

Type:	State:	Exp. Date	Reg #/ DPI Code
_____	_____	_____	_____

_____	_____	_____	_____
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_____	_____	_____	_____
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Professional Work Experience

List below present and past employment, beginning with your most recent.

Employer:

Dates Employed:

From:

To:

Full time employee

Part time employee

Address:

Street

City

State

Zip

Name of Supervisor:

Supervisor Phone Number:

Your Job Title:

Weekly Starting Salary:

Weekly Ending Salary:

Duties, responsibilities, courses taught, etc.:

Reason for leaving:

Employer:

Dates Employed:

From:

To:

Full time employee

Part time employee

Address:

Street

City

State

Zip

Name of Supervisor:

Supervisor Phone Number:

Your Job Title:

Weekly Starting Salary:

Weekly Ending Salary:

Duties, responsibilities, courses taught, etc.:

Reason for leaving:

Professional Work Experience(Continued)

Employer:

Dates Employed:

From: _____ To: _____

Full time employee

Part time employee

Address: _____
Street City State Zip

Name of Supervisor:

Supervisor Phone Number:

Your Job Title:

Weekly Starting Salary:

Weekly Ending Salary:

Duties, responsibilities, courses taught, etc.:

Reason for leaving:

=====

If there are particular employers you do not wish us to contact, please indicate:

I hereby give permission to contact the employers listed concerning my prior work experience.

Signature of Applicant

Extra Curricular

Please indicate any extra curricular activities you feel qualified to coach or advise.

References

Name: _____ Title: _____

Occupation: _____ Phone Number: _____

Address: _____

Street City State Zip

Name: _____ Title: _____

Occupation: _____ Phone Number: _____

Address: _____

Street City State Zip

Name: _____ Title: _____

Occupation: _____ Phone Number: _____

Address: _____

Street City State Zip

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. No one other than the Board of Education or their designee of this school district has any authority to enter into any agreement for employment for any specified period of time.

Signature of Applicant

Permission to Complete a Background Check

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Cell

Race:
American Indian or Alaskan Native
Asian or Pacific Islander
Black
White

Gender: Male
Female

I, the undersigned, give the School District of Johnson Creek permission to do a background check.

Social Security Number: _____

Date of Birth (mm/dd/yy): _____

Driver's License Number: _____

Signature

Date

The School District of Johnson Creek does not discriminate on the basis of sex, race, color, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, physical, mental, emotional or learning disability, or handicapping condition.